



**Casa Esperanza, Inc.
Residential Programs**

Patient Manual
January 2023

Table of Contents

1.	Orientation	4
2.	Agency Overview	5
	Mission, Vision and Values.....	5
	Casa’s Programs	6
3.	Residential Programs.....	7
	Residential Program Description	7
	Services Provided	8
	Medication Assisted Treatment.....	9
	Qualifications of Staff Delivering Services	10
	Restrictive Criteria for Specific Services.....	10
	Scheduling Restrictions	10
	Program Hours.....	10
4.	Admission Requirements & Intake Procedures.....	11
	Procedures for Admission and Intake	12
5.	Accessibility	13
	Serving People with Disabilities	13
6.	Fee and Food Stamp Policy.....	14
7.	Program Expectations & Ground Rules	15
	Admissions Agreement	15
	Good Neighbor Agreement.....	15
	Residential Program Ground Rules	16
8.	Patient Rights	19
9.	Program Activities	21
	Schedule.....	21
	Treatment Activities.....	21
	Toxicology Screening	21
	Outside Groups	22
	Medications	23
	Food Services	23
	Rules of the Kitchen:.....	24
	Chores	24
	Free time, sober and recreational activities	24
	Bedrooms.....	25
	Dress Code/Hygiene/Appearance.....	25
	Laundry	26
	Budgeting.....	26
	Phone Use	26
	Mail	27
	Drop-Off of Items.....	28
	Visits.....	28
	Entrance and Exit from the Building	28
	Passes.....	29

Bicycles.....	30
Transfer/Discharge	30
10. Confidentiality & Mandated Reporting	31
Confidentiality.....	31
Mandated Reporting.....	31
Access to Your Records	32
11. Discharge, Aftercare, and Criteria for Termination	33
Discharge and Aftercare Planning.....	33
Different Types of Discharge.....	33
Transfer and Referral	33
Discharge Hearings	34
Barring	34
Follow-Up.....	35
12. Health & Safety.....	36
Cleaning & Disinfecting	36
Standard Infection Control	36
Hand Hygiene.....	37
Public Health Emergencies.....	37
Emergency Evacuation.....	38
Tobacco.....	39
Overdose Prevention: Maintaining a Safe, Recovery-oriented Environment.....	40
Room Searches	43
13. Grievances	45
14. Parenting in the Program Agreement for Latinas y Niños.....	47
15. Visitor Guidelines	49
Addendum: Notice of Privacy Practices	51
Addendum: Family Resource Guide.....	58
Addendum: Covid	65
PATIENT ACKNOWLEDGMENT FORM	66

1. Orientation

Welcome to Casa Esperanza, Inc.

This manual is part of your orientation to our program. It is a guide that explains our expectations, procedures, activities, policies, and program philosophy. The manual includes lots of important information, including about your treatment options and your rights and responsibilities as a patient. Please take your time to read this manual and ask a staff member any questions you may have.

On your first day, as part of your orientation, you will also receive a tour of the facility, including emergency exits and safety and first aid equipment, and will be introduced to staff and other patients. A staff member will check your belongings in your presence, make a property inventory list, and remove items that are not allowed. You may have a family member or other support pick up these items or make other arrangements for storage.

In addition, we ask you to participate in a weekly orientation group and regular house meetings so that you can learn more about how the program works and how to make the most of your treatment here. During these groups and meetings, you can raise concerns, provide feedback to staff, make suggestions about services, and discuss any challenges you may be having in the house.

2. Agency Overview

Mission, Vision and Values

Casa Esperanza, Inc. is a bilingual and bicultural behavioral health center that specializes in serving the Latinx community in Massachusetts. Our mission is to empower individuals and families to recover from addiction, trauma, mental illness and other chronic medical conditions; overcome homelessness; and achieve health and wellness through comprehensive, integrated care.

Casa Esperanza's vision of the future is that all affected by addiction and mental illness are empowered to lead healthy and purposeful lives.

We believe:

- That treatment begins with **non-judgmental compassion and caring**; meeting each individual “where they are.”
- That we must prioritize the care of **those most in need** in our community.
- In the **dignity of each individual** and family affected by addiction and their capacity to become the architect of their own recovery.
- That people in recovery **have a right to a safe, stable environment** in which to receive treatment, recover and live.
- In integrated care. We cannot treat a single problem, but rather, **we must treat the whole person** and the whole family.
- That **recovery happens in community**. While peers must play a unique and indispensable role-- providers, family, friends and other allies are also essential to building a community of recovery.
- That **culture**, in all of its diverse representations, including values, traditions, beliefs and experiences is key in determining a person's journey and unique pathway in recovery. Drawing on the Latino philosophy of **personalismo**, staff across disciplines and departments work to assure that all feel welcome, known, and understood.
- That we **must remain rooted in the self-help and self-sufficiency traditions** in which we were founded in order to remain accountable to our mission, our patients, and our community.
- That **physical, mental, and spiritual health** are the essential building blocks of economic independence, family reunification, and community development.
- That ultimately **our work is about sustaining hope and encouraging dreams**— helping people move beyond “just getting by” so they can lead lives filled with pride, purpose, and love.
- In cultivating a “team-oriented” environment that values the unique contributions of each individual; **fosters collaboration, mutual respect, and confianza**; and encourages employees to have a balanced life.

Casa's Programs

Casa Esperanza provides integrated care through our CasaCare model, which includes access to services from all of our programs to provide you with the best treatment experience. CasaCare programs include:

1. Familias Unidas Outpatient Services
 - a. Individual and Group Psychotherapy
 - b. Structured Outpatient Addiction Program (SOAP)
 - c. Recovery Support Services
 - i. Intensive Case Management
 - ii. Peer Supports
 - iii. Reentry Services
 - iv. Supported Education and Employment Services
 - v. Supportive Housing Services
 - d. Psychiatry & Medication-Assisted Treatment
 - e. Primary Care
 - f. Tu Bienestar HIV Services
 - g. Youth HIV & Substance Abuse Prevention Services
2. Conexiones Clinical Stabilization Services
3. Residential Services
 - a. Casa Esperanza Men's Program
 - b. Latinas y Niños Center Co-Occurring Enhanced
4. Supportive Housing Program
5. Medication Reconciliation, Management, and Induction on Management Assisted Treatment (MAT)

3. Residential Programs

Residential Program Description

Casa Esperanza offers two residential programs, Casa Esperanza Men's Program and the Latinas y Niños Center. These programs provide bilingual and bicultural treatment for individuals with substance use disorders, including individuals with co-occurring mental health disorders, in a 24-hour, safe, structured environment. Our services are delivered by an integrated care team with training in substance use disorders, mental health, and psychiatry/medication management, and include access to primary health care.

Our Residential Services are licensed by the Massachusetts Department of Public Health, Bureau of Substance Addiction Services and comply with regulations laid out in 105 CMR 164. Our Residential Services are grounded in our mission, vision, and values, and our commitment to excellence by following evidence-based, patient-centered, trauma-informed, and culturally competent best practices.

The goals of our Residential Services are to:

- Improve your ability to structure and organize the tasks of daily living and recovery;
- Stabilize and maintain the stability of your substance use and mental health symptoms;
- Help you develop and apply recovery skills;
- Facilitate access to Medication Assisted Treatment, if appropriate;
- Support successful initial involvement or re-involvement in regular, productive daily activity (such as work or school) and, as indicated, successful reintegration into family living;
- Build better health practices;
- Educate family members to help heal wounds and engage significant others to support patients' recovery; and
- Provide and facilitate access to a range of recovery support services to increase your opportunities for stable recovery and achievement of personal goals.

Our Residential Services use a four-phase treatment model to help you achieve these goals. Staff provide more support early in treatment, and help you build stability and skills to increase your independence as you progress through care. We want to engage you as a partner in tracking your own growth and recovery by working with you to set concrete goals and expectations, focus on building skills, and mark your achievements along the way with increasing privileges and recognition/celebration of goal attainment.

Services Provided

Casa tailors residential treatment according to each person's unique needs. All of Casa's services are research-based and available in both Spanish and English. Services in our residential programs include:

- **Safe, Structured Living Environment**—to support stabilization, relapse prevention, and development and maintenance of life skills.
- **Counseling**—to help address substance use and mental health disorders, including trauma, and build recovery and life skills.
- **Case Management**—planning, supported referrals, advocacy, interpreting, and ongoing monitoring and case consultation to connect patients to a full range of services, including public assistance, insurance, primary health care, vocational/ educational opportunities, legal supports, housing, peer supports, and aftercare services.
- **Groups**—education groups, support groups, and group therapy.
- **Family Support Services**, including parenting education and access to family therapy and education groups for family members. (Please see our Family Resource Guide at the end of this manual, and speak to your Counselor/Clinician about connecting your family member with a Family Education Group.)
- **Peer Support Services**—access to peer recovery coaches, recovery support navigators, and participation in sober social, recreational, and cultural activities.
- **Supported Education/Employment**—access to services to help patients set vocational and educational goals, facilitate job searches, and identify suitable employment to build economic independence.
- **Reentry Services**—access to counseling and case management to support reintegration into the community and coordination with court, probation, parole, and other system representatives to facilitate resolution of legal issues.
- **HIV/AIDS, Hepatitis, and STD Education and Counseling.**
- **Tobacco Cessation Education and Counseling.**
- **Services for Compulsive Behaviors, including Gambling**—provided by outpatient Clinicians certified in this area.
- **Psychiatry and MAT**—access to psychiatric evaluation, medication reconciliation, medication monitoring and management, assessment of suitability for MAT, and rapid induction on MAT if indicated.
- **Health Services**—access to primary healthcare to address chronic medical conditions, including health promotion and Health Navigation to connect patients with specialist care as needed.
- **Aftercare Planning**—see more below.

Medication Assisted Treatment

Medication Assisted Treatment can play an important role in recovery, along with counseling and skill development. Your treatment team will speak with you about MAT options, their risks and benefits, and the risks of not using MAT. Here is some information about different options that you can discuss further with your treatment team.



Together we can find a medication that works best for you.

Medication-Assisted Treatment

	BUPRENORPHINE	NALTREXONE	METHADONE
Common Brand Name	<ul style="list-style-type: none"> ▪ Suboxone (Buprenorphine with Naloxone) Generic • Buprenorphine ▪ Generic Buprenorphine with Naloxone 	<ul style="list-style-type: none"> • ReVia • Vivitrol ▪ Depade 	Generic Methadone
Effect	Prevents withdrawal symptoms and reduces cravings, but without obtaining a high.	<ul style="list-style-type: none"> ▪ Treats addiction by blocking the effect of opioid drugs. • Particularly helpful in preventing relapse. 	Prevents withdrawal symptoms and reduces cravings, but without obtaining a high.
Formulations	<ul style="list-style-type: none"> • Pill • Sublingual film: a film placed under the tongue and kept there until it's dissolved. 	<ul style="list-style-type: none"> • Pill, ▪ Depot Injectable (gradual release) 	<ul style="list-style-type: none"> ▪ Pill ▪ Liquid ▪ Injectable
Frequency	Generally daily or twice a day	Injectable (gradual release) administered every 30 days	Taken daily
Administration	Buprenorphine can be accessed in an office-based treatment setting from a certified physician or federally-licensed opioid treatment program.	Can be accessed in all treatment settings	Can only be accessed and administered in a federally-licensed opioid treatment program (OTP).
Where to Begin	<ul style="list-style-type: none"> ▪ Should be started when mild to moderate opioid withdrawal occurs. • Taking it too soon can make withdrawal worse. 	<ul style="list-style-type: none"> ▪ Cannot be taken until opioids are completely out of the body, usually 7-10 days after withdrawal begins. ▪ Taking it too soon can make withdrawal worse. 	Should be started when mild opioid withdrawal is present. Initial dose should be low and carefully monitored to avoid sedation and/or overdose.
Side Effects	Headaches, mild dizziness, numbness or tingling, drowsiness or sleep problems, stomach pain, vomiting, constipation, trouble concentrating	Nausea, vomiting, diarrhea, cramping, loss of appetite, headache, dizziness, nervousness, irritability, drowsiness	Anxiety, nervousness, restlessness, insomnia, weakness, drowsiness, dry mouth, nausea, vomiting, diarrhea
Success Rate	In a 12-week trial study of Suboxone, about 49% of participants reduced prescription painkiller abuse, compared to 8.6% reduction if Suboxone was discontinued (Weiss et.al., 2011).	80% of clinical participants experienced successful results in a large clinical trial (Maxwell & Shinderman, 1997)	60-90%. The longer a person is on this modality, the greater the chances of achieving stable long-term abstinence.

Medications for opioid use disorders are highly effective.

Individuals receiving opioid agonist treatment (methadone or buprenorphine) were half as likely to die from an opioid overdose as those not receiving treatment ("Chapter 55 Opioid Report," MA Department of Public Health).

Qualifications of Staff Delivering Services

Casa's Residential Program staff work together as an integrated care team and include Recovery Specialists, Counselor/Clinicians, and Case Managers, led by a Program Director and Clinical Supervisor. All staff are trained in working with people with co-occurring substance use and mental health disorders. Many of our staff have credentials such as Certified Alcohol and Drug Addiction Consultant (CADAC), Licensed Alcohol and Drug Counselor (LADC), Licensed Mental Health Counselor (LMHC), Licensed Clinical Social Worker (LCSW), or Licensed Independent Clinical Social Worker (LICSW).

Restrictive Criteria for Specific Services

All services provided at Casa Esperanza are open to all patients with the exception of the following:

- HIV/AIDS Services—Patients must have a HIV+ diagnosis to participate in HIV/AIDS case management and HIV/AIDS support groups. These services are not available for patients who are HIV affected.

Scheduling Restrictions

Scheduling restrictions depend on Phase. Program activities, including groups and individual appointments, take place between 7 am and 9 pm. In Phase 1 and 2 we ask you to participate in a full program schedule, as planned with your Counselor/Clinician. If you have any outside medical or other appointments, you will discuss this with your Counselor/Clinician, who will approve changes in your schedule for outside appointments that are necessary and/or support your recovery. By Phase 3 and 4, you may be working or taking classes outside the program, so you will work with your Counselor/Clinician to discuss what program activities you can participate in to continue to engage in treatment while you build your independence.

All approved patient schedules are kept at the front desk, so that the Recovery Specialist on duty knows whether you may leave the program at that time. Patients are not allowed to leave the program without an approved reason. While you are in treatment with us, we are responsible for your safety and wellbeing, so we need to know where everyone is at any time. All patients are expected to be in the house by 10:00 p.m.

Program Hours

Both residential treatment facilities are 24-hour facilities. Clinical Staff are on-site from 7:00 a.m. until 8:00 p.m. Monday through Friday. A Recovery Specialist is on duty 24 hours/day, seven days a week. The Program Director or Clinical Supervisor will be on-call in the evenings and weekends, in case of any emergencies. The Chief Clinical Officer and Chief Executive Officer are also on-call 24 hours/day.

4. Admission Requirements & Intake Procedures

Casa Esperanza's Residential Treatment Programs assess each applicant carefully to identify whether our program is the right fit for you. We will do this through reviewing your application form and conducting a phone interview. We may also conduct a face-to-face interview if appropriate.

In order to follow the rules set by our regulators and ensure safety for you and other patients, Casa Esperanza's Residential Recovery Services have the following admissions criteria. Accepted patients must:

- Be age 18 and be able and willing to consent to treatment
 - Or, for children at the Latinas y Niños Center, have a parent or guardian willing and able to consent for services
- Be a resident of Massachusetts
- Have a substance use diagnosis in the DSM-5 and meet ASAM Level 3.1 criteria
 - For our Co-Occurring Enhanced Residential services must also have a moderate to severe mental health diagnosis
- Be medically cleared and not at risk to experience medical withdrawal symptoms from alcohol or other substances
- Be willing to participate in the treatment process and commit to meet the *Program Expectations and Ground Rules* outlined in the patient manual and participate in their individualized treatment plan
- Be capable of maintaining safety and self-preservation
- Have no personal circumstances that prevent them from fulfilling program obligations
- Be able to function in a group and/or individual setting

Casa Esperanza's Latinas y Niños Center additionally accepts for admission:

- Medically detoxed and methadone maintained pregnant individuals, in all trimesters, and postpartum individuals. They must be ambulatory, willing, and able to participate in their treatment plan.
- Mothers with children up to 9 years of age who will turn 10 no less than 12 months after date of admission.

In order to meet our obligation to provide a safe environment for all patients, Casa's Residential Recovery Services may exclude individuals who:

- Demonstrate behavior that jeopardizes the safety of staff or other patients on campus
- Have acute mental health or other symptoms that require a higher level of care

Denied admissions are based solely on these criteria. No person will be denied admission to Casa Esperanza's Residential Programs solely on the basis of race, religion, sex, sexual preference, color, national origin, gender, age, sexual orientation or illness. No individual will be denied re-admission due to the fact that they have been terminated by another treatment program; relapsed from earlier treatment; or filed a grievance regarding an action or decision made by Casa Esperanza, Inc. Individuals who are denied admission are told which admissions criteria they do not meet, and this information is documented in our electronic log of applications.

Procedures for Admission and Intake

- Individuals interested in entering the program complete an Admissions Application.
- We will review this application form and may contact you (or the case worker who referred you) to clarify any information.
- We will schedule a Phone Interview to share more about the program with you and find out more about what you would like help with.
- After reviewing all the information gathered, we will determine whether we are able to serve you based on our Admissions Criteria, and we will explain our decision to you.
- If we determine that we cannot serve you, we will tell you about other services in the area, including other services at Casa Esperanza. We will also provide you with a letter explaining why we could not serve you based on our Admissions Criteria and explain this to the case worker who referred you too, if applicable.
- If we can serve you, and we have a bed available, we may admit you immediately.
- If we can serve you, but we do not have a bed available, we will put you on our Waitlist and explain how it works and how to stay in touch as you wait for your bed.
- On the day that you are admitted, you will sign a consent to treatment/admissions agreement, and we will begin an even more thorough assessment of your needs and your strengths, abilities, and preferences, so that we can begin to make an individualized treatment plan for your recovery. We will also ask you to work with us to make a safety plan for your time in the program.
- Throughout the admissions and intake process, the information we will gather will cover, at a minimum: your substance use, medical, and mental health history, including treatment history, medications, allergies, and nutritional needs; your housing and economic status and history; your social and family history; your occupational history; your legal history; and your strengths, needs, abilities, and preferences in all these areas.

5. Accessibility

Serving People with Disabilities

To the maximum extent possible, persons with disabilities are afforded equal access to the facilities, programs, and services of Casa Esperanza, Inc. and its affiliates in accordance with section 504 of the Rehabilitation Act and the Americans with Disabilities Act. The agency regularly conducts a self-evaluation. Bi-annual surveys note the results of the examination, remedial steps to be taken where deficiencies are identified, and timelines for completion.

Emergency Evacuation:

All properties operated by Casa Esperanza, Inc. use both visual and auditory emergency alarm systems. Automated emergency alarm systems activate if they detect signs of danger such as smoke or carbon monoxide. Program sites also include PA systems and manual alarms in case of emergencies outside the scope of automated systems. Program Directors serve as Disabilities Coordinators for their respective sites. As Disabilities Coordinator, the program director works with patients during admission to address accommodation needs and develop an appropriate evacuation plan. Accommodations for safe evacuation include ramped entrances to each building, evacuation chairs on upper levels, and emergency pull cords in patient bathrooms to alert staff if a patient needs assistance.

Assistive Devices:

Casa Esperanza, Inc. is committed to providing equal access for patients who require assistance to use on-site resources. Communication accommodations include closed caption TV decoders, descriptive video services, assistive listening devices, visual and/or tactile signaling devices, and speech capable organizational devices. All adaptive equipment is available for use as available upon reasonable prior notice of need. Casa prioritizes use of movies and videos with closed captioning and/or descriptive video services. When such services are not available, Casa provides alternatives to ensure communication access. Assistive listening devices are available for one-on-one sessions and meetings as determined through cooperative discussion with all affected patients. Physical accommodations include ramped access to buildings, wheelchair accessible furniture in public spaces, accessible equipment in exam rooms, and bed rails to reduce the risk of injury from nighttime fall.

Assistive Equipment:

Casa Esperanza meets or exceeds all applicable Federal and State laws and regulations regarding use of assistive equipment, including qualified service animals. Casa will not restrict or place limitations on the type or quantity of assistive devices patients bring to program sites, including qualified service animals. In instance where space is a limiting factor, Casa prioritizes patient access needs during the decision-making process. Additionally, should patients have unmet access needs upon arrival, Casa will work with patients to determine appropriate accommodations to ensure access to program facilities, equipment, and services.

6. Fee and Food Stamp Policy

Casa recognizes that many people in our community face significant barriers to paying for care. In order to eliminate these barriers, we do not charge any fees to patients for our services. We also do not collect patients' Food Stamps at any program.

Casa Esperanza contracts with a range of payers in an effort to ensure access to care for a wide range of patients. Patient consent forms include a consent to share information with third-party payers as necessary to bill for services. The Massachusetts Department of Public Health is the payer of last resort.

In case of cancellation of Outpatient appointments, Casa Esperanza makes every effort to reschedule within the same week. If we are unable to do so, we make every effort to provide the next available appointment. Casa Esperanza does not charge for missed appointments.

To help cover the cost of our work and support patients, we:

- Assist all patients in obtaining health insurance;
- Bill all patients' health insurance for services rendered as authorized by the payer;
- Apply for competitive grant funds to support unreimbursed care for patients that do not have access to health insurance; and
- Conduct other fundraising in an effort to offset additional costs that we do not collect from patients, including copays.

An important aspect of recovery is financial responsibility and independence. Case managers work with patients across our integrated care model to help them access benefits and resources, manage their finances, and ultimately build economic independence. Residential patients receive help developing and implementing a personalized budget plan, opening a bank account, and practicing financial responsibility as part of their aftercare planning.

7. Program Expectations & Ground Rules

On admission to the program, you have signed a Consent to Treatment and Admissions Agreement, as well as a Good Neighbor Agreement. These agreements describe the expectations for receiving treatment here at Casa Esperanza, as well as how we ask that you behave on our campus, so that we can help ensure the safety of our entire community. Please review these agreements again, and be sure to ask a staff person if you have any questions about them.

Admissions Agreement

I understand that, in order to access treatment and engage in services, my peers and I need to feel safe. I agree to participate in creating a safe environment by keeping the following agreement.

I agree to follow all program rules and procedures.

I agree to collaborate in the development of an individualized treatment and service plan.

I agree not to engage in any violent behaviors or make threats of violence, through language or body language. I will work to help create a safe environment for myself, other patients and staff, and I understand that support for maintaining safety will be provided to help me, if needed.

I will respect the confidentiality of others. When outside of the agency I will not mention names or other information that could identify a person that is receiving treatment here at Casa Esperanza, Inc. and its Affiliates.

I understand that, in order to keep myself, other patients, and staff safe, I cannot participate in services here while intoxicated, unless I am seeking access to detoxification or hospital level of care.

I understand that my services here may be discontinued if it becomes clear that my needs cannot be met here, and that, in this situation, staff will provide support, whenever possible, to connect me with a more appropriate level of care.

I understand that my services here may be discontinued if I am or have been involved in any activity that may compromise me or the agency with legal implications.

If my services are discontinued, I will receive a letter explaining this. If I am on probation/parole, or any other outside agencies (e.g., DCF, DCF, DMH, DYS, etc.) are involved in my care, they will also be notified, as long as a consent to release this information is in place.

I am committed to working with Casa Esperanza toward my goals while in treatment.

Good Neighbor Agreement

Casa Esperanza Inc. & Affiliates remains committed to treating substance addiction and mental health while ensuring that we are good partners in protecting the safety and security of the neighborhood. Casa Esperanza has a “zero tolerance” policy for drugs or alcohol and any criminal activity of any kind. Therefore, we view violations of social norms and criminal activity very seriously. The intent of this notice is to inform you of

activities which may result in discharge from our programs or eviction from supportive housing. The terms of this agreement extend to a 1,000 foot radius around our Eustis Street neighborhood. It is our goal to ensure the safety of the Casa Esperanza community, the neighborhood and surrounding businesses.

These activities include:

- Reckless driving
- Acts of physical or verbal violence to self, other tenants or neighbors (i.e. threats, abusive language, or intimidation)
- Disturbing the peace in or out of your perspective units/program (i.e. loud music, verbal altercations, squealing tires)
- Suspicion of shoplifting, trespassing on private property and loitering in neighborhood homes and businesses
- Suspicious behavior or attempt to conceal behaviors of criminal activities
- Drug seeking procurement activities, use or possession
- Parking and traffic violations
- Loitering outside the Casa Esperanza Inc. & Affiliates properties, parking lot, neighborhood homes and businesses
- Smoking in non-designated areas
- Littering outside the Casa Esperanza Inc. & Affiliates properties, parking lot, neighborhood homes and businesses
- Bringing anyone who is dealing or carrying drugs or paraphernalia onto Casa Esperanza Inc. & Affiliates properties, parking lot, neighborhood homes and businesses

Please note that these violations are not an addition to existing policy but merely a clarification. Your signature indicates you have read and understand our Good Neighbor position.

Residential Program Ground Rules

Casa Esperanza's Residential Programs also have specific ground rules and expectations. These are abstinence-based programs designed to serve individuals who are seeking a safe and sober environment in which to learn effective recovery skills and heal from addiction, trauma, mental illness, and other chronic conditions. Therefore, we have developed a set of community commitments and ground rules to support the safety of the program community: you, your peers, and staff. Please review these guidelines and discuss them with your Counselor/Clinician.

Community Commitment	Community Ground Rules
We are committed to maintaining sobriety and working on our recovery.	<ul style="list-style-type: none"> • I will not use or have possession of any drugs or alcohol, including non-prescribed medications and tobacco, in this program. • I will work actively with my Care Team toward my goals for recovery. • Staff use random urine screens to help ensure they know how I am doing. I will participate in random urine screens as part of my recovery work and so that staff can keep me safe. I understand that I may be discharged if I do not agree to participate. • I will hand all my prescription medications over to the Recovery Specialist on duty immediately.
We will maintain a safe living space.	<ul style="list-style-type: none"> • I will not have any weapon, or anything that could be used as a weapon (including sharp instruments), in the program. • If I need to use an item that staff don't consider safe, I will work with staff to arrange for safe storage and use of this item. • I will participate in the monthly fire drill, so that I know how to keep myself and others safe in the event of an emergency. • I will not open windows and doors in common areas without staff permission.
We will work to keep ourselves safe from the people, places, and things that do not support our recovery.	<ul style="list-style-type: none"> • I understand that leaving the program and having visits to the program will be limited, based on progress through the Phases. • I understand that staff may search items I bring to or receive at the program and that I may have to open mail with staff present.
Our community will be free from violence and threats of violence.	<ul style="list-style-type: none"> • I will not engage in any physical or verbal abuse (including cursing or threatening language) of staff or my peers. I understand that I will be discharged from the program if I cannot behave safely toward others.
We will be a respectful and collaborative community of recovery.	<ul style="list-style-type: none"> • I will work to be supportive of my peers—if I give feedback, it should be constructive and respectful. • I will be respectful to staff and follow their instructions.
We will maintain a calm and healthy living space that supports our recovery.	<ul style="list-style-type: none"> • I will not sit, yell, play, or hang out on the stairs or in the hallways. • I understand that I can use a radio in common areas, but not in my bedroom. • I will engage with the community to decide what TV shows and films we want to watch. Shows and music videos with a high level of drug use, sexual content, or violence are not allowed in the program. • I will keep my bedroom and other program areas clean and tidy.

Community Commitment	Community Ground Rules
We will maintain appropriate boundaries.	<ul style="list-style-type: none"> • I understand that sexual relationships among patients are not permitted, including inappropriate touching or sexual innuendos. • I understand that if I have a pre-existing relationship with another patient (spouse, partner, lover), I must inform my Counselor/Clinician immediately. • I understand that patients are not allowed in one another's rooms. • I will not share any personal information about my peers. • I understand that patients are not allowed behind or beyond the reception area (to the back offices) without staff permission.
We will maintain a stable routine that supports our recovery.	<ul style="list-style-type: none"> • I will follow the house routine, including rise and bedtimes. • I will dress and make my bed before coming downstairs. • I will complete my assigned chores. • I will maintain hygiene, including showering daily.
We will be honest and open with one another.	<ul style="list-style-type: none"> • I will work with my Care Team to solve any problems I am having with program ground rules, and I will participate in any Change Plans. • I will report any information I have regarding the safety of anyone in the program.
We will not engage in any criminal activity.	<ul style="list-style-type: none"> • I will follow Casa Esperanza's Good Neighbor Agreement that clarifies policies for how we behave on the campus

8. Patient Rights

In addition to the responsibilities we ask you to accept as part of your agreement to join this community of recovery, you have a number of rights as a patient. These are your patient rights. If you have any questions about these rights, please talk with your Counselor/Clinician, Case Manager, or another staff person.

1. You have the right to be treated with courtesy, respect and dignity
2. You have the right to receive services in an environment that is free from harassment or discrimination based on race, ethnicity, creed, national origin, religion, sex, sexual orientation, age, disability, or illness.
3. You have the right to be free from physical and psychological abuse, financial or other exploitation, retaliation, humiliation, or neglect.
4. You have the right to ask questions and be an active participant in the planning of the services you will receive.
5. You have the right to access self-help and advocacy support services.
6. You have the right to refuse serving as a research subject and the right to refuse to be examined, observed, or treated when the primary purpose is educational or informational rather than therapeutic.
7. You have the right to confidentiality regarding your participation in this program and your treatment information.
8. You have the right to privacy while you are here. If, for some reason, outside visitors will be touring the facility, you will be notified in advance. These tours will be conducted in such a way as to cause minimal interruptions in your usual activities.
9. You have the right to see your patient records in the presence of a program staff member or to request a copy of your patient record at any time.
10. You have the right to challenge information in your patient records by inserting a statement signed by you and your clinician.
11. You have the right to be free from strip searches and body cavity searches.
12. You have the right to control over your physical appearance.
13. You have the right to end your treatment at any time.
14. You have the right to understand and know in advance any fees we will charge you for services.
15. You have the right to receive another copy of our grievance procedures and forms if you ask for them.

16. You have the right to contact the Bureau of Substance Abuse Services of the Commonwealth of Massachusetts, which licenses this facility, to discuss any questions or concerns you may have.
17. You have the right to have a hearing of any grievance.
18. You have the right to participate, or not, in religious worship of your own choosing.
19. You have the right to have regular physical exercise.
20. You have the right to send and receive sealed letters. However, we reserve the right to ask you to open packages in the presence of staff, if there is a safety concern.
21. You have the right to regular and private use of a pay telephone, in accordance with the Telephone Use policy.
22. You have the right to receive visitors at reasonable times, in accordance with our Visitors Guidelines.
23. You have the right to request and receive interpreter services, including American Sign Language interpretation (see Interpreter Services).
24. You have the right to access legal entities for appropriate representation, as needed

9. Program Activities

Schedule

- **Monday through Friday:** Please wake up, shower, get dressed, fix your bed and area, and be on the first floor by 7:00 AM.
- **Sunday through Thursday:** All patients should be in their rooms with the lights off by 11:00 PM. All activities of the house end by 10:30 PM.
- **Friday-Saturday:** All activities end by 12:30 AM. All patients should be in their rooms by 1:00 AM.
- **Saturday-Sunday:** Please wake up, shower, get dressed, fix your bed and area, and be on the first floor by 8:00 AM.
- Mothers at Latinos y Niños work with their Counselor/Clinician to develop a developmentally appropriate schedule for their child(ren), and all children should be in their rooms by 9:00 PM, and in bed by 9:30 PM, at the latest.

Treatment Activities

- While you are in the program, you will work together with your Care Team to focus on your recovery, working through the phases. Your treatment includes: individual appointments, groups, and house meetings.
- You may attend groups and appointments at our Familias Unidas Outpatient Program as part of your treatment here. You may stay connected to other treatment providers, outside of Casa, and we will help you with that, and you may attend outside AA/NA meetings from Phase 2 onwards. You may have teletherapy appointments using phone or video platforms.
- You are expected to attend all your individual treatment appointments, groups, and house meetings. Please do not schedule other appointments during these times. If you are having trouble managing your schedule, please talk with your Clinician/Counselor or Case Manager, who can help.
- **Mothers with children** in the program should work with their Clinician/Counselor or Case Manager to ensure they have a plan that includes daycare so that they can participate fully in their treatment.
- Please be on time for groups, meetings, and appointments, come prepared to participate, and stay for the whole time.

Toxicology Screening

- Casa Esperanza, Inc. uses toxicology screening as part of our therapeutic treatment model. Toxicology screening has wide therapeutic value:
 - It helps patients stay safe by providing critical information about what is in their systems to support the best possible collaborative decisions about treatment, including risk management and medication management.
 - It helps us maintain a safe, sober environment for all patients and staff, which allows the community to do its work of supporting patients' recovery.
 - It helps patients and their treatment team monitor progress and maintains and enhances motivation.
 - It helps patients meet requirements for parole, probation, DCF, and other systems, so that they can work to rebuild their lives.
- Staff will follow procedures for regular observed urine toxicology screenings as outlined below, and may request toxicology screenings outside of these regular procedures under the following circumstances:
 - If there is a concern about relapse—to help you and us understand what is happening and support the best possible decisions, including around risk management and medication management.

- If an event has occurred in a program that suggests there has been a relapse—to help staff understand who is struggling with their recovery so that we can provide appropriate care and support the best possible decisions for that patient, and for the community.
- We work to be collaborative, transparent, and trauma-informed as we work with you around toxicology screenings. You have a right to have any toxicology screens conducted in a manner that preserves your dignity.
- We understand that providing an observed urine sample can be stressful. We encourage you to discuss this with your treatment team and identify ways we can help make this manageable. We will provide you with ample time, and offer options to reduce anxiety, such as music, observation through the mirror, etc.
- We accommodate any medically confirmed inability to give urine by offering an alternate effective means of screening such as an oral swab.
- Patients in residential programs are assigned a color (red, yellow, or green) representing a current assessment of their risk for relapse. Patients are always assigned Red on admission. You can discuss with your treatment team how this assessment was made, and any changes in your color assignment as they occur, as part of your ongoing collaboration with your team around your progress, your risk for relapse and overdose, and your development of recovery skills.
- A screening schedule randomizing all assigned colors will be developed by the Director or Program Coordinator for each Program. The regularity of the random screenings is connected to the level of risk, i.e., Red screenings happen more often than Yellow, and Green are the least regular.
- A 14-panel instant screening cup and breathalyzer may be used for the screenings. Any of the following staff members may observe urine screens: Recovery Specialist, Counselor/Clinicians, Program Assistants, Program Managers, and Program Directors.
- The Recovery Specialist will announce the color of the day to identify who will participate in toxicology screening that day. Patients whose color is chosen will be asked to provide a sample within two hours, and will be asked to remain in the common area until they are able to do so.
- We encourage you to observe your sample being closed and labeled to ensure accuracy.
- If you decline to provide a urine sample, staff will provide you with an oral swab or depending on availability, other reasonable alternative including toxicology screening with your PCP or an urgent care facility/ED as appropriate. If there is a positive result, we will not make a decision about your treatment based only on this result. Your treatment team will meet with you as soon as possible so we can discuss together how to proceed. Your treatment team may want to conduct a risk assessment and talk with you about options, such as making a change in your treatment plan, developing a behavior change plan, transferring you to a different level of care, or discharging you if you no longer wish to engage in treatment. We will do our best to help you get back on track to your recovery, and ask that you engage with us in problem solving in this way.
- All patients entering Casa programs will read and discuss this policy with their treatment team, to ensure they understand it, as part of the shared treatment agreement.

Outside Groups

- Patients in Phase 1 are not eligible to attend outside AA/NA groups while they focus on settling into the program.
- Starting in Phase 2, you may begin attending outside AA/NA groups, if you and your Counselor/Clinician determine that you are ready.
- Residential staff have a list of AA/NA groups in the area, and Casa hosts a weekly AA/NA group on campus. If you would like to attend a different group (including other self-help groups, such as Overeaters Anonymous, Gamblers Anonymous, etc.), please submit the following information to your

Counselor/Clinician for review: Name of Group; Location; Flyer or Business card for verification.

- If you would like to attend group with a sponsor, you must submit this request to your Counselor/Clinician. The sponsor must come in and meet with your Counselor/Clinician prior to approval.
- **Mothers with children** in the program need to work with their Counselor/Clinician to ensure they have a plan for childcare so that they can engage in self-help groups.
- Patients must return to the program by 10:00pm. We do not provide snacks after evening kitchen chores have been completed, so please have your snack at your outside group if you will not be present for program snack time.

Medications

- Many patients are taking medications for substance use, mental health, or medical conditions. Medications are an important part of treatment. We will work with you to help you learn about your medications and to support you in your medication goals.
- On intake, we will confirm your full medication list. We will ask you to sign a release to allow us to collaborate with anyone who prescribes medication to you. This is required—otherwise we cannot safely take care of you. You may meet with our Nurse Practitioner or Psychiatrist, who will review your medications with you, and you can discuss any medication issues or possible changes with them.
- All medications, including over-the-counter medications, are kept in a locked closet and cannot be in patient bedrooms (with the exception of asthma inhalers, Narcan, Epi-pens, and prescribed lotions). This is also true for children’s medications at Latinas y Niños.
- Recovery Specialist staff will supervise you in taking your medication according to the directions on the prescription.
- If you have any concerns regarding dosing or about side effects to medications, please discuss them immediately with your Clinician/Counselor and the physician who is prescribing the medication. Our Recovery Specialist staff have to follow the instructions of the person who prescribes the medication.
- Please do not give medications or exchange medications with your peers in the program.
- If your medication list or dosing instructions change, please provide program staff with the new information from the person who prescribes the medication as soon as possible.
- Patients on methadone maintenance go to Habit OPCO Management, CRC Health, Bay Cove, Lemuel Shattuck, or Health Care Resource Centers at 8:00 am to receive their daily dosage. We have strong collaborative relationships with these providers to help ensure that patients on methadone receive the appropriate care. Patients are responsible for getting to the clinic on their own or requesting staff assistance as necessary. Patients arrive back to the program by 9:45 a.m. to ensure they are ready to participate in regular program activities starting at 10:00 a.m on weekday mornings.

Food Services

- Casa Esperanza, Inc. provides all meals and snacks for residential clients.
- Each patient will have a nutritional assessment upon intake.
- Meal alternatives will be available for those with special dietary needs, including dental, medical and religious restrictions.
- Patients are allowed access to the Dining Room for coffee, soft drinks, or fruit during their free time.
- All food/drinks must be consumed in the kitchen.
- Patients are not permitted to bring cooked food, or opened containers (including drinks) to the program without prior authorization.
- Meals are served only during scheduled hours. Patients working or at appointments during meal time, may eat their meal upon re-turning to the facility prior to 9:00 p.m., as long as there is no group in progress.

Rules of the Kitchen:

- Patients need to have medical clearance before they can perform kitchen duties.
- The Kitchen Manager will be responsible for training all Patients in basic kitchen maintenance and cooking skills.
- Patients are assigned rotations for set-up and clean-up of the Dining Room.
- Patients serving food must wear gloves.
- Patients may request the use of the kitchen to cook on weekends or for special occasions.
- Patients will not be given access to the kitchen without prior authorization from their Program Director/Senior Treatment Coordinator.
- Patients must comply with all safety and food preparation regulations when using the kitchen.
- Patients requesting use of the kitchen must submit a list of ingredients to be approved by the Program Director and sent to the Operations Director for purchase.

Chores

- As part of treatment, patients are involved in working together to take care of the house and keep it clean and safe. We have a weekly chores schedule, managed by the Recovery Specialist on duty. Chores include: kitchen duty, mopping, sweeping, dusting, taking out trash, and vacuuming.
- The Program Director confirms that a patient has medical clearance and is physically capable of accomplishing chores, before they are assigned any chores.
- Recovery Specialists and/or senior peers (patients in Phase 4) train and support patients in how to carry out each of the assigned chores. Recovery Specialists and/or a senior patient assigned as Chore Supervisor of that area monitors and supports patients carrying out their chores.
- Chores are completed before 8:30 am, or before going to sleep the night before (if approved by staff).
- Every Saturday there is a general cleaning and inspection of the house.
- If you are unable to complete your chore (e.g., you will be out on an overnight pass), you should notify the Recovery Specialist on duty and make arrangements for the chore to be completed.
- If you are unable to complete your chore because you are sick, you must inform a staff member.
- Please note that we will never ask you to perform any activities and/or operations that would otherwise be performed by paid, subcontracted, or volunteer personnel. Patients may not be used in a staff capacity. Only general duties such as house assignments that are required of all patients equally are acceptable within the context of treatment.

Free time, sober and recreational activities

- Television is provided in the community room. Personal TVs and other video players and radios are not allowed in patient rooms.
- Shows and music videos with a high level of drug use, sexual content or violence are not allowed in the program. In order to ensure the safety and comfort of all clients, Casa Esperanza, Inc. reserves the right to place blocks on any television channel and/or programming that is not in line with the mission and values of our organization.
- The Recovery Specialist on duty is responsible for monitoring television use and should retain the remote control.
- Patients may not access On Demand shows or other subscription-based programming.
- The television cannot be in use during group-hours. The television will only be used after group hours or at night until 10:30pm Sunday through Thursdays.

- On Friday, Saturday and Sunday, there television can be used during the day. On Friday and Saturday night, the TV is turned off by 12:30 pm.
- Video rentals will be permitted on Friday, Saturday and Sunday, except during any group times or visiting hours.
- All video rentals must be approved by the Program Director prior to use. Patients who wish to watch videos over the weekend, should be prepared to request approval by Friday.
- Patients may only use the television in the meeting room to watch videos that have been pre-approved by the Program Director.
- Patients may put a written request to attend any sober or recreational activity to the clinical team for approval. In all cases these activities must be attended as a group.

Bedrooms

- You have access to your room during your free time.
- Please keep your room clean and the bed made at all times as part of maintaining a safe and healthy space for your recovery. We ask you to have your bed made and room clean before coming downstairs every morning.
- We do not allow food in rooms—please eat in the kitchen/dining area. This helps keep rooms clean.
- Please turn the lights off in your room when you are not there to save energy.
- Patients may not be in one another’s rooms. This is to support safe and healthy boundaries for everyone.
- Patients should be in their rooms by 10:30 pm, Sunday through Thursday, and lights are out at 11 pm. On Friday and Saturday, patients should be in their rooms by 12:30 am. Lights are out at 1 am.
- There may be times when we have to conduct room searches, if we have a concern that there are unsafe items in the house. Please reference Room Search Policy

Dress Code/Hygiene/Appearance

- In order to be part of a supportive and respectful environment with your peers, where the focus is on recovery, we ask you to dress appropriately. Clothing should be clean and not overly revealing. Underwear should not be revealed through your clothes. Piercings are permitted as long as jewelry is not a safety issue. Staff may ask you to change if your clothing is not appropriate.
- Patients are expected to bathe daily and do laundry every week, as part of building and maintaining a good daily living routine.
- Razor blades, nail clippers, cuticle removers, tweezers, electrical devices, and any sharp objects are locked in a closet by staff, but you may request them when you need them. Please return them as soon as you have finished using them. Please do not share these items for health and safety reasons.
- Please do not lend or borrow clothes, jewelry, underwear, or shoes from other patients.
- If you need any assistance obtaining appropriate clothing or personal hygiene supplies, please talk to your Counselor/Clinician or Case Manager.
- Please get dressed for the day before you come downstairs in the morning. Pajamas, robes, and flip flops should not be used during the day; they may be worn in the evening if there are no visitors in the house.
- The days for haircuts in-house are Saturday mornings from 9am to 2pm. Staff will secure all equipment after it has been used.
- We do not allow patients to give each other tattoos or piercings inside the program.
- Please do not bring gold jewelry, diamonds, or precious gems to the program. Please find a secure place to keep these items. Casa Esperanza will not assume responsibility for lost items.

Laundry

- All patients are assigned a specific day to wash their clothes and sheets. If you miss your time to do laundry you will be reassigned another time by the staff.
- We ask that you do your laundry every week so that dirty clothes do not pile up.
- You may not give your clothes to another resident to wash.
- You may not do laundry together with another client.

Budgeting

- An important aspect of recovery is financial responsibility and independence. Your Counselor/Clinician and/or Case Manager will work with you to help you open a bank account, if applicable, and develop and implement a personalized budget plan.
- Your Counselor/Clinician and/or Case Manager will also help you apply for any benefits you are eligible for, and, once you have built a foundation of stability, health and wellness, and recovery skills, you will start to work with your Care Team on building a plan for economic independence. This work starts in Phase 3.
- If you have a monthly income, your budget should include personal products. Personal shopping is planned in advance and completed on assigned date. Requests for shopping should be submitted by Wednesday before 12 pm.
- You are responsible for any money you keep in the house. Casa Esperanza will not assume responsibility for lost money.

Phone Use

Phones, including cellphones and smartphones, are very important for staying connected to loved ones. They are also critical for managing many tasks related to building independence, and nowadays, many medical and other appointments take place via telephone or smartphone. At the same time, cell phones can keep you connected to people who are not supportive of your recovery, and smartphones with access to cameras and social media can present a risk to your own privacy and confidentiality and that of your peers while you are in treatment. Casa Esperanza tries to balance these issues by implementing fair and thoughtful policies around use of phones and cellphones.

In Phase 1, which is focused on settling into the program and building safety and stabilization, we limit all phone use. If you need to use a phone for a medical, legal, or other appointments during this period, or to connect with your children (as appropriate), your Counselor/Clinician will make arrangements for you to do so, using the public house phone where possible. Cell phones or tablets will be made available for telehealth appointments, as needed.

Starting in Phase 2, you may use the public house phone during weekdays (Monday through Friday) for managing tasks related to your recovery, such as medical, legal, and other appointments. You will arrange with your Counselor/Clinician how to handle any video appointments, such as private medical and mental health appointments, and if you require your cellphone for these appointments, you will be permitted to have your cellphone for this time period.

From Phase 2 onwards, you may use the public house phone on Saturdays and Sundays to make up to 2 personal calls and to receive up to 2 personal calls between 9:00a.m.-9:00p.m. Personal calls are limited to 10-15 minutes, depending on the number of people in the house, in order to allow all patients access to the phone. You are responsible for tracking your time on the phone. If your time is going over, Recovery Specialists will give you a 1-minute warning and then you must end the call.

As part of your progress through the program, and usually starting in Phase 3, you may request permission for Regular Cellphone Checks to check for messages and make arrangements to return calls, and to have your cellphone with you when you leave the house. This is so that you can manage recovery tasks, such as medical, employment, vocational, training, or housing tasks. Your Counselor/Clinician will work with you to ensure that you are managing the program ground rules well, completing your phase tasks, and participating in treatment, as signs that you are ready for this next step. Once you are ready for Regular Cellphone Checks, you will be able to obtain your phone for 10 minutes, in a meeting room, three times a day during the following times:

- After breakfast and chores are completed
- After lunch and chores are completed
- After dinner and chores are completed

For confidentiality reasons, we do not permit you to have your cellphone with you in the house outside of these designated cellphone checks in a meeting room. Not following the limits on cellphone use (e.g., not returning your cellphone after checking messages or on returning to the house) will lead to losing your cellphone privileges.

In order to ensure confidentiality, only the Recovery Specialist answers the public phone in the house and locates the individual. Patients may not answer the public phone unless they are in Phase 4 and have been authorized to do so by staff. **Patients who are assigned by the Recovery Specialist to answer the public phone may only give the phone to the person being asked for or tell the caller that that person is not available. Patients should not answer the phone in a way that identifies that this is a substance abuse treatment program. Patients who answer the phone may not disclose any other information, such as where the person is, when they will return, who they are with, etc. Please remember to maintain the confidentiality of all your peers.** If the caller is asking for someone that is not available, patients may take a message and give it to the Recovery Specialist to ensure that the message is received by the appropriate client.

Patients may not make or receive phone calls for other patients.

The Recovery Specialist on duty records all cellphone checks and how many calls each person receives on the public phone and records any concerns regarding use of phones.

Mail

- You may send and receive mail at the program as soon as you arrive. Mail will be distributed after 4 pm Monday through Friday.
- Our address is: Casa Esperanza, Inc. 302 Eustis Street, Roxbury, MA, 02119
- We consider your mail to be private. Staff are not permitted to open your mail, but they may request that you open it in their presence, for safety reasons. All packages received must be opened in the presence of a staff person, for safety reasons.
- Residential staff may hold mail for 2 weeks for patients that have been discharged from residential treatment while they complete a change of address form at the post office. After that, any mail for former patients will be returned to sender.

Drop-Off of Items

- If you need some items to be dropped off for you, you may complete a Drop-off Request form and submit it to your Counselor/Clinician for review and approval. You may only request a drop-off once a week. You must provide the name of the person who will drop the items off, and their contact information, in case any changes need to be made.
- The drop-off request must be approved by your Counselor/Clinician and a drop-off time and date scheduled, during the Counselor/Clinician's work schedule, before any drop off items can be accepted by front desk staff. The drop-off information must be provided to the front desk staff at least 24 hours in advance.
- When the items arrive, you will open them in the presence of a staff member.
- Please note that an individual who has been barred from the program or agency will not be approved to make a drop-off.

Visits

- Starting in Phase 2, patients are allowed to receive visits (family, friends) on Saturday, Sunday and approved Holidays (e.g., Easter, Thanksgiving, Christmas Day, New Year's Day, patient's birthday) from 1:00 to 4:00pm, in accordance with public health regulations.
- When physical visits are not possible, programs will use alternative electronic methods for communications between patients and visitors, such as Skype, FaceTime, WhatsApp, or Google Duo.
- Supervised family visits may take place upon admission, if appropriate.
- You will work with your Counselor/Clinician, starting in Phase 2, to determine when you are ready for visits and to receive support in managing visits with friends and family.
- All visitors over 18 years of age must have an interview with a clinical staff person before the first visit to review Visitor Guidelines (included at the end of this manual), complete the Visitor Intake form, and sign the confidentiality agreement.
- All visitors must sign in on the visitor's log and visit in the area determined by the staff.
- No adult visitors are permitted during weekdays unless an exception is made by treatment team.
- Visits shall not exceed three (3) hours unless approved by the treatment team.
- If a visitor does not follow the Visitor Guidelines, they will no longer be permitted to visit.
- **No person who is barred from the program and/or agency will be approved for visits.**
- **Visitor rules and guidelines may change as needed to address health and safety emergencies.**

Entrance and Exit from the Building

- In your first few weeks at the program, while you are in Phase 1, you will be accompanied by a staff person or a senior patient to and from any appointments, taking children to school/daycare, and religious services. This is to help keep you safe and focused on your recovery while you are still settling in and getting oriented to the program.
- Throughout your time at the program, you will need staff approval before exiting the building. We are responsible for your safety and wellbeing, so we need to know where you are, and we want to help you build a safe and stable routine that supports your recovery.
- All patients sign in and out at the front desk. This is important, so that we know who is in the building at any time.
- If you are out on an errand/appointment and you realize you will be late, you must call the program to let us know. Remember that it is your responsibility to make sure that you plan enough time for transportation.

- When you are out on an errand/appointment, you must go to the place that was originally planned. You cannot call and negotiate alternative plans once you have left the building.
- You may not do errands or favors for other clients unless you are authorized to do so by a Counselor/Clinician or the Program Director.
- When you are out of the building, please be mindful about staying focused on your recovery and conducting yourself in a safe and healthy way.
- Please make sure that someone can help cover your chore if you are out during the time your chore must be completed.
- When you return, staff will examine anything you bring back with you, for safety reasons. Mothers returning to the program with children and carriages should empty the carriage of all items. Staff may also ask you to empty your pockets. This is to help us maintain a safe and healthy environment in the program for you and your peers.

Passes

- As you move through the program and make progress toward your recovery, you will be building your independent living skills. As part of this development, you may request passes to spend more time away from the program.
- 4-hour shopping passes are offered biweekly on Fridays to patients in all phases, and those who are still in Phase 1 must go on pass with a designated partner.
 - a. Shopping Pass Request forms must be submitted by patient for approval no later than 12:00pm on the Wednesday prior to Friday shopping day.
 - b. All patients must provide shopping receipt to Recovery Specialist on duty upon returning to the program.
- Patients in Phases 2-4 may request a group pass twice a month (group of 4 or more) to go to the movies, a park, out to eat, salons, barbers, museums etc. on the weekend, as long as public health regulations permit. You may also request to order food and movies on the weekends.
- Starting in Phase 3, you may request a day pass for 8 hours on Saturday or Sunday.
- Starting in Phase 4, you may request an overnight weekend pass. Weekend passes begin on Saturday at 12:00pm and end Sunday at 10:00p.m. Phase 4 patients may also request two day passes (Saturday and Sunday-12pm-8pm), instead of an overnight pass.
- In order to request any of these passes, you must complete the Pass Request Form by 12:00pm on Wednesday, which will include your plan for this time away and contact information. Your treatment team will consider your progress with your phase tasks and recovery goals and your plan for the time away to determine whether the pass can be safely approved. Your treatment team will make a decision by the end of business on Wednesday. If your pass was not approved, your Clinician/Counselor will meet with you to explain why and how to work toward being ready for a pass.
- **There will be no passes on Thanksgiving, Christmas or New Year's Day due to the high-risk nature of these holidays. Families will be invited to celebrate in the program, if public health regulations allow.**
- If you are going to be late returning from a day or overnight out on a pass, you must contact the program to let us know. Patients must report to the program if they are going to be late returning from their pass/appointment or any other changes to the agreed upon plan. If you do not manage your pass responsibly in this way, you will meet with your Counselor/Clinician to discuss what happened, and this may mean that a pass will not be approved again until the treatment team is confident that you can manage the pass responsibly.
- As part of keeping you and your peers safe in the program, and to help us understand how you are doing as you practice more independence, we may ask you to participate in a toxicology screen when you return to the program.

- Passes may be suspended during health and safety emergencies

Bicycles

- Based on your progress in your Phase work, you may be permitted to keep a bicycle on campus. If so, you will be asked to register your bike.
- Bikes not registered or stored in compliance with rules will be removed from campus within 48 hours of notice to owner and will not be stored or returned.
- Casa Esperanza, Inc. will make effort possible to provide protection to bicycles, but CANNOT assume responsibility for any loss or damage.
- Because safety is a concern, everyone must adhere to these policies regarding the safe use of bicycles on the campus.
- Bikes are transportation and are to be used to attend required appointments such as medical, work, education, housing, etc. that help to support a client's recovery and meet the goals outlined in their treatment plan
- You may lose the privilege of keeping a bike if you are not working on your treatment plan goals and for inappropriate use, storage, or sharing of bike.
- Bicycles may only be parked in bicycle racks.
- Bicycles may not be locked or secured to permanent fixtures such as light poles, banisters, hand rails, fences or trees.
- Bicycles in unsafe areas or those listed above are subject to being removed by the Operations Department.
- One bike per patient.
- Patients can apply for financial assistance to acquire a proper lock if they cannot afford one, by completing a Transportation Assistance Form
- Upon discharge patients have 2 weeks to remove their bike consistent with other storage time.
- Keep your bicycle locked anytime it is not in use. An unsecured bicycle can attract thieves.
- Use a well-made lock to secure the bicycle. Cheap combination locks or chains can easily be cut. Must have a kryptonite style lock.
- Report any suspicious activity to your Recovery Specialist on duty, Program Director or Operations Team.
- Ride safely, using protective gear, especially when traveling on public roadways.
- Follow all rules of the road and make sure drivers know what your intentions are before making turns or lane changes
- Don't ride at night unless absolutely necessary. Then wear bright or reflective clothing.

Transfer/Discharge

- You are asked to take your belongings with you when you leave the program. Your belongings will be kept for 2 weeks after your discharge date. After that they will be discarded or donated.
- If you need to make an appointment to pick up your belongings, please do so during office hours 9:00am-5:00pm.
- Patients who have been discharged from the program may enter the building to pick up their belongings under the authorization of the Program Director. If a patient who has left the program is actively using substances, they may come and pick up their belongings in the presence of a staff person, but we ask them not to communicate with other patients. If you are actively using substances, we ask you not to disrupt the recovery work of your peers, and to follow Casa's Good Neighbor Agreement, which does not permit substance use in the vicinity of our programs.

10. Confidentiality & Mandated Reporting

Confidentiality

When you signed the Consent to Treatment and Admissions Agreement, you read a lot of information about confidentiality. The confidentiality of records maintained by this program is protected by Federal law and regulations. Staff may not disclose any information to anyone outside the program about you, including to your family, or confirm that you are in treatment at Casa Esperanza, Inc., without your specific consent. Likewise, patients may not disclose any information about other patients to anyone, including confirming if an individual is a patient in the program with you. **Because of this regulation, you may feel that you are being asked to sign a lot of forms while you are a patient at Casa Esperanza, Inc. These forms are all designed to protect you from the release of information about your residency to persons you do not wish to give this information to.**

There are some exceptions. Staff can disclose information:

- For Treatment, Payment or Health Care Operations
- In a medical or psychiatric emergency
- In response to a valid subpoena or court order
- To protect a person from harm when it is judged that the person is a danger to himself or others
- The mandatory reporting of abuse or neglect of a child (51A), elder, or person with a disability
- To report a crime or a threat to commit a crime on program premises or against staff

Please note that violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 290dd–3 and 42 U.S.C. 290ee–3 for Federal laws and 42 CFR part 2 for Federal regulations.)

Please see our full Notice of Privacy Practices at the end of this manual for more information.

Mandated Reporting

Casa Esperanza, Inc. has a duty to report child abuse and neglect, elder abuse, or abuse of an adult with a disability by law. Staff who have reason to believe that a child, elder, or vulnerable adult is being abused are mandated to report this to the appropriate authorities.

Child Abuse means: any intentional act by a caretaker that causes (or creates substantial risk of) physical or emotional injury; or any sexual contact between a caretaker and a child.

Child Neglect means: failure by a caretaker, either deliberately or through negligence or inability, to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care.

Elder abuse includes physical, emotional and sexual abuse, neglect by a caregiver, self-neglect and financial exploitation.

Abuse of a Person with a Disability includes physical, emotional and sexual abuse, neglect by a caregiver, self-neglect and financial exploitation.

Access to Your Records

When you enter treatment at Casa Esperanza, we will create a chart in our electronic medical record system where we will document information about you and your care. As explained in our Consent to Treatment, the information we keep is kept confidential and not shared with others without your permission, except in some specific circumstances. Access to your record is password protected and given a unique Patient Number for identification purposes. Only your clinical team may be granted access to your record. Other staff may only have access to demographic information for reporting purposes or list of medications for medication monitoring.

As a patient, you have the right to read or request a copy of your clinical records. You also have the right to request that we amend your records. We will document your request to read, receive a copy of, or amend your clinical record in your chart.

Procedures:

- Patients must submit requests to review their medical records in writing to their Counselor/Clinician. The Counselor/Clinician will discuss your request with you before you review the record.
- An appointment to read the record will be arranged at a mutually convenient time. Casa Esperanza, Inc. reserves the right to have the patient read the clinical record in the presence of a counselor and/or the Program Director. This ensures availability of staff to answer questions or to discuss the content with the patient.
- The patient may request a print-out by specific written request.
- The staff member present will note in the record that the patient has read their record on this date or that a copy has been taken by the patient.

11. Discharge, Aftercare, and Criteria for Termination

Discharge and Aftercare Planning

From the start of the program, you will be working with your Counselor/Clinician and Case Manager to develop a plan for discharge and aftercare, based on your individual needs and achieved goals. Aftercare planning begins the process of building a broader community. Your Aftercare Plan will identify resources for you such as housing, outpatient counseling and case management, transitional care services, family services, job training, medical services, and self-help groups. We work where possible to ensure that all patients completing the program have secured stable housing in the community and that all referrals to aftercare have been made to facilitate a smooth transition and seamless continuum of care. Examples of resources we may connect you with include Casa Esperanza's own Supportive Housing and Familias Unidas Outpatient Program, Boston Housing Authority, Metropolitan Housing Authority, IMPACT Employment Services, Boston Living Center, Gandara Center and Tapestry Health.

It is important for you to participate fully in this process, so you understand your Aftercare Plan and can take the steps to follow through with it. Your Aftercare Plan can be written in Spanish or English, whichever language is most comfortable to you.

Different Types of Discharge

If you complete all phases of the Residential Program (or three phases of the Residential Program and a Transitional/Outpatient phase), you will receive a Completion Letter.

You may be involuntarily discharged from the program if you are not engaging in treatment and not following the Program's Community Commitments and Ground Rules, or if we determine that it is not safe for us to treat you at this level of care. In this situation, your treatment team will meet with you to explain this decision and make a plan with you that helps you stay safe. We will provide a written notice of this termination, including your right to a hearing.

In an emergency situation, Casa Esperanza, Inc. has the right to suspend a patient immediately if his or her continued presence presents an immediate and substantial threat of physical harm to other patients, staff, or the community. In these cases, we will review plans with the patient later, if it is safe to do so, and we will provide the patient with a written notice of this termination. The patient has the right to a hearing within 7 days from receipt of this written notice.

Some patients choose to leave the program against staff advice. We will do our best to help you stay engaged in care, but you have the right to voluntarily discharge yourself from treatment if you choose.

Transfer and Referral

Casa Esperanza Inc.'s extensive referral network provides an essential link between service providers outside of the agency as well as with other Casa Esperanza, Inc. programs.

External partnerships and collaborations provide a resource rich recovery environment, and support patients in their transition to a stable independent life. Casa Esperanza forms collaborations thoughtfully, working only

with agencies proven to respect patients in treatment and to serve individuals appropriately with regard to race and ethnicity, gender, religion, sexual orientation, HIV/AIDS status and socio-economic backgrounds. Furthermore, Casa Esperanza places importance on collaborating with agencies that serve cultural and linguistic minorities. All contacts with outside agencies are consistent with Federal and State client confidentiality rules and regulations.

Counselor/Clinicians work with patients to transition them to different levels of care, as needed. Patients who relapse are offered the opportunity to be transferred to a detox facility followed by CSS and TSS programs. The level of treatment needed will be determined on a case by case basis by the Multidisciplinary Treatment Team. Should you choose to go to a detox facility, the residential program will hold your bed for you, and you can return to treatment after discharge from detox. If a patient refuses to enter a detox facility or similar level of care, we will work to connect the patient with other services, including outpatient services.

Discharge Hearings

Patients terminated because of policy or rule violations have the right to file a grievance to challenge the decision. Patients have the right to choose to invite a responsible adult of their own choice, including an attorney, to the meeting reviewing the grievance. Patients have the right to call witnesses to this meeting.

Procedures:

- The Program Director will ensure the patient receives prompt written notice of the termination, the specific reasons for the termination, and the fact that the patient has a right to file a grievance.
- Even if the patient elects to file a grievance, the patient will be asked to leave the residence until the matter is resolved.
- The regular grievance procedures will be followed upon receipt of the Grievance Form.

Barring

Casa Esperanza, Inc. has the right to bar a patient if their continued presence presents an ongoing, and/or substantial threat to other clients, staff, visitors, community or property. Barring is not intended to be used as a standard response to a critical incident, but it may be used if necessary to maintain the safety and security of all patients, staff, and community. We do not deny re-admission to patients because they have dropped out or relapsed in the past, or because they have filed a grievance.

If a patient is assessed to be a risk to others they may be barred for a period of time, which could be determined to be indefinite after review, depending on level of intensity and severity of risk. Their chart, any relevant critical incidents, and risk assessments are carefully reviewed by the QA Committee in order to determine if a barring is necessary, and if so, how long it will be in place.

In the rare cases where patients are barred it is usually for a serious and ongoing safety risk. Examples include verbal threat of violence, physical acts of violence, illegal activity (distribution of drugs, stolen goods, soliciting, etc.), possession of a firearm, etc. These behaviors usually result in immediate discharge and will then be reviewed for potential barring. Barred patients may not be on campus for any reason throughout the period of the bar and will be asked to leave the premises. If patients decline to leave the premises, law enforcement may be called.

Procedures

- If a serious risk situation occurs, staff will follow all our critical incident procedures, including making the immediate situation safe and documenting what happened.
- Following a serious incident, we will ask that you meet with a Clinician to help you and us understand what happened and any ongoing risk and develop a Safety Plan.
- The Chief Clinical Officer will gather all the information necessary and present it to our QA Team to determine whether barring is the only way that we can ensure safety.

If a decision is made to bar:

- Our team will work to identify and coordinate transition to appropriate ongoing care.
- The Chief Clinical Officer and your main provider at Casa will meet with you to explain our decision. If it is not safe for our staff to communicate barring, it is possible that the bar will have to be communicated to you by police.
- We will notify our staff members that there has been a barring, and they will be required to contact the Chief Clinical Officer or another supervisor if you come to campus.

Requesting a lift of a bar:

- If you have been barred from Casa Esperanza, but you would like to engage in treatment again, you may request that the bar is lifted. You can contact the program, and the staff person responding to the request will contact our Chief Clinical Officer. We may ask you to meet with a Clinician to help you and us understand your current situation and what risks we need to address.
- The QA team will make a decision based on:
 - Reason for request
 - Review of initial incident report
 - Consideration of other parties involved
 - Current mental status
 - Appropriateness of level of care
 - Treatment engagement and participation, if applicable
 - Other relevant risk behaviors
- If the team determines that it is safe for you to return to the agency, we will let you know and review with you how we can work together to ensure that you can stay safe, including making a Safety Plan. We will also ensure that all staff are informed that your bar has been lifted.

Follow-Up

Where possible, staff will maintain contact with their patients for at least one year after discharge, with the consent of the patient. If you agree on our Consent to Treatment and Admissions Agreement form to participate in our follow-up program, staff will attempt to contact you at 30, 60, and 90 day intervals from your date of discharge.

Additionally, through Casa Esperanza's Supportive Housing and Outpatient programs graduates can participate in Casa Esperanza's Consumer Advisory Board (CAB) and engage in a range of aftercare support services. The Casa CAB is made up of patients (in Phase 3 and beyond) in good standing as well as graduates of our residential programs maintaining their recovery or current patients of our outpatient services and supportive housing programs. The Casa CAB meets quarterly to provide direct input to program development, implementation, and quality assurance efforts as well as planning and participating in pro-social, recovery oriented activities and peer support groups.

12. Health & Safety

Casa Esperanza, Inc. prioritizes the health and safety of all staff and patients in our programs and ask all patients and employees to help ensure the facility is clean and disinfected, including the regular cleaning of high-touch areas and surfaces, such as bathrooms, breakrooms, conference rooms, door handles and railings. We ask patients to be considerate of their peers and help staff maintain a clean and healthy living environment for everyone living in our facility.

Cleaning & Disinfecting

Cleaning refers to physically removing soil and dirt. Disinfecting and sanitizing, however, is removing or killing the germs that can cause disease. Surfaces in a room or equipment can harbor these germs.

As part of daily chores, Patients supervised by staff on duty are to disinfect the following:

- Dorm Rooms
 - Doorknobs, Handrails and Light Switches
 - Bathrooms & Half Bathrooms
- Laundry Rooms
 - Washers, dryers, counter
 - Doorknobs, Handrails and Light Switches
- Foyer Entrance (Entry Hallway) must be disinfected and mopped
- Children's Playroom
 - Tables, Chairs, Toys and Books
- Living/Meeting room
 - Sofas, coffee tables, remote controls, television, windowsills
- TV Room/Patient Lounge
 - Remote controls, sofas, coffee table, television, windowsills
- Dining Area
 - Tables, Chairs, countertops, and kitchen appliances/equipment
- Conference Room
 - Tables, chairs, light switches

The following solutions are approved by OSHA and CDC and should be used for cleaning and disinfection equipment, furniture, floors, tables, counter tops, doorknobs and railings, as instructed.

- 102 Glass & Multi-surface Cleaner
- 103 HBV Disinfectant 256
- QUAT 64 - Disinfection/Cleaning/Deodorizing
- 117 Winter clean

Disinfectant spray and wipes as well as hand sanitizers are made available to all patients.

Standard Infection Control

Standard precautions are basic steps that every patient and employee should take to prevent the spread of germs. Standard precautions include keeping hands clean, not touching the face, covering coughs in sleeves, wearing masks when recovering from coughs or colds, and using safety needles and sharps. Patients and Staff should observe the standard precautions of not touching blood, body fluids, mucous membranes, cuts, wounds, or rashes with bare hands—and not letting these touch your skin, face, or clothes.

Hand Hygiene

Proper hand hygiene is required by all patients and employees of Casa Esperanza, Inc. Hand hygiene refers to the practice of removing or killing germs on hands so that the germs do not spread to other people or to surfaces. Keeping your hands clean is the most important thing that can be done to prevent infections. **Hands are to be washed with soap and warm running water for a minimum of 20 seconds before and after eating, after using the bathroom, if hands are visibly dirty.** Signs on proper hand hygiene practices are posted in all bathrooms.

Public Health Emergencies

Casa Esperanza Inc.'s responsibility is to ensure that appropriate procedures are in place for infection prevention and control in order to protect all patients, staff and visitors from the spread of contagious disease and viruses. Casa Esperanza takes proactive steps to protect our patients, staff, and facilities in the event of an infectious disease outbreak and ensure we can continue to provide essential services. Casa Esperanza is committed to providing information about the nature and spread of infectious diseases, including symptoms and signs to watch for, as well as required steps to be taken in the event of an illness or outbreak. Every effort is made to provide availability of information, training/education, testing, and immunizations to all Casa Esperanza, Inc. employees and patients. Each infectious disease has its own specific signs and symptoms and therefore also has its own particular protocols. This may mean that there are periods of time when leaving the program, receiving visitors, and other activities are restricted for public health reasons. We ask you to follow staff instructions at all times.

Emergency Evacuation

Policy

In the event of an emergency, patients and staff are to exit the building within 2 minutes of the fire alarm sounding. Patients and staff are to assemble at a standard location and await further instructions:

- Casa Esperanza Men's Program (291 Eustis Street) assembles in the driveway of 300 Eustis Street
- Latinas Y Niños Program (263 Eustis Street) assembles on the sidewalk across the street from 245 Eustis Street
- FUOP (245 Eustis Street) assembles on the sidewalk across the street from 263 Eustis Street
- Nueva Vida tenants assemble in the (290-290 ½) 291 Eustis street driveway

Patient Fire Safety Procedures

1. Familiarize yourself with fire exits and the Emergency Assembly point.
2. In the event of a fire:
 - a. Follow instructions of the staff.
 - b. Exit the facility in an orderly manner immediately.
 - c. If you are in a room with the door closed, feel the door first, before opening it. If the door is not, do not open it—there will be a fire on the other side of the door. Go to the window and yell for help.
 - d. If the door is cool, open it and proceed out of the building.
 - e. If there is smoke, crawl low to the ground in seeking an escape route.
 - f. Once outside, do not return to the building for any reason.
 - g. Assemble with other patients at designated location, where staff will take attendance.
 - h. If you are aware of a person remaining in the building, inform staff, fire department or police.

Tobacco

Casa Esperanza, Inc. recognizes that nicotine is an addictive drug and that tobacco contains many substances which pose a substantial risk to life and health of individuals who use tobacco or who are exposed to tobacco smoke. Therefore, it is the expectation of the program that patients refrain from smoking in designated areas and work with the Tobacco Counselor/Clinician to address their tobacco dependence and work towards tobacco cessation.

Procedures for Patients:

- Patients who are admitted to Casa Esperanza, Inc. programs review and sign the Tobacco-Free Policy.
- During intake, clinical staff complete the 5A form with the patient (Ask, Advise, Assess, Assist, and Arrange). Patients who report that they are nicotine dependent are provided with education about tobacco cessation and information about tobacco cessation services we provide.
- The Counselor/Clinician provides individual counseling to patients using the Stages of Change and Motivational Interviewing Techniques and generates a treatment plan with the patient to assist the patient in moving from one stage to another towards the Action stage (quitting smoking).
- Nicotine Replacement Therapy (NRT) in the form of Nicotine Patches (21 mg, 14mg, and 7mg), Nicotine gum (2mg) and Lozenges (2mg) will be available to all patients who are quitting smoking and who are medically appropriate to participate in such therapy. Patients must sign the Patient Nicotine Replacement Therapy Release before receiving any NRT.

Designated Smoking Areas are as follows:

- On the porch at the Latinas y Niño's Center.
- In the back yard at Casa Esperanza Residential Program.
- In the parking lot at the Familias Unidas Center.

These are the only designated smoking areas on campus. Any client or staff found to be smoking on campus outside of these areas or violating any other aspect of this policy will receive corrective action. All cigarette butts must be disposed of in the appropriate receptacle

Overdose Prevention: Maintaining a Safe, Recovery-oriented Environment

Casa Esperanza, Inc. is committed to maintaining a safe, recovery-oriented environment for all patients, staff, neighbors, and visitors. We believe that an essential part of the recovery process is developing and sustaining respect for the right of each individual to live, work, and receive treatment in a safe environment that affirms the worth and dignity of each person.

As such, Casa Esperanza's Residential Treatment and Supportive Housing Programs are abstinence-based programs designed to serve individuals who are seeking a safe and sober environment in which to learn effective recovery skills and heal from addiction, trauma, mental illness, and other chronic conditions. While these environments are designed to be drug and alcohol free—staff are trained to be trauma-informed and relapse responsive and will seek to engage individuals struggling with relapse in the most appropriate level of care for their current stage-of-readiness.

Casa Esperanza, Inc.'s Familias Unidas Outpatient Program is designed to work with individuals across a broader range of readiness, including those who may be struggling with relapse, with the goal of helping patients to achieve significant periods of abstinence from illegal or unprescribed drugs and alcohol as part of their broader Recovery Plan.

While our Familias Unidas Outpatient Program does work with active users who are seeking to achieve abstinence, Casa Esperanza, Inc. strictly prohibits the use, sale, or possession of any alcohol, illegal drugs, or prescription drugs not prescribed to you on our campus, at anytime. Patients currently under the influence will receive supported referral to the appropriate level of care, as needed.

Procedures

In order to ensure a safe recovery environment, Casa Esperanza, Inc. will:

1. Inspect any bag or package entering our programs in the presence of the owner of that bag or package to ensure that no alcohol, illegal drugs, or drugs not prescribed to the carrier are brought into our programs.
2. Ask any staff, patient, or visitor to leave our facilities at anytime due to safety concerns, including the possession of drugs or alcohol.
3. Designate Health and Safety Officers in each program to make regular rounds to inspect critical areas where Overdose is likely to occur on campus.
4. Use the GuardTrax System, to gather data on regular rounds and review Rounds Reports on a daily and monthly basis to ensure that appropriate inspections are conducted each hour.

Preventing and Reversing Overdose:

Casa Esperanza, Inc. considers Nasal Naloxone a rescue medication necessary to the health, safety, and wellbeing of our patients and staff and therefore ensures that any and all patients and staff who have been prescribed Nasal Naloxone may carry it on their person at all times.

To ensure the safety of children, all staff and patients are asked to store their Nasal Naloxone carefully to prevent children from breaking the glass tube used to administer this life-saving medication. Additionally, Nasal Naloxone Rescue Kits have been installed near the bathrooms in each of our buildings along with instructions for administration of Nasal Naloxone and CPR and information regarding emergency services.

Procedures

To ensure that all staff and patients have access to, and are trained identify, and prevent an overdose Casa Esperanza, Inc. will:

1. Require all Direct Care Staff to receive training in recognizing the signs and symptoms of Overdose, administering Nasal Naloxone, and delivering First Aid and CPR before being scheduled to work independently with patients.
2. Require staff to renew their Naloxone, CPR, and First Aid credentials consistent with State guidelines and maintain a copy of all certifications in their Personnel File.
3. Ensure that staff who are not credentialed for Naloxone, CPR, and First Aid are not scheduled to work a shift for which they are the only staff on site.
4. Ensure that all patients receive Overdose Prevention training as part of their formal Orientation to Casa Esperanza, Inc. programs.

Staff and patients will receive ongoing training and information about Overdose Prevention in the following ways:

1. Posted signs and alerts from the Federal Drug Enforcement Agency, Department of Public Health, Boston Public Health Commission, or Casa’s Emergency Response Team through our All Hazards Response and Continuity of Operations Plan.
2. Weekly Orientation Group, All Agency Meetings, or All Community Meetings.
3. Boston Public Health Commission’s AHOPE Training Program.
4. CasaCare Health Fairs or Trainings.
5. CasaCAB or MiCamino sponsored outreach or training event.

If an individual is demonstrating signs or symptoms of an overdose staff will intervene following the appropriate protocols including the following:

1. If someone appears to be overdosing, assess the situation. First, try speaking to the person to identify whether they are responsive or not. If they do not respond from a verbal cue, begin sternum rub or upper lip rub. Rub knuckles over the person’s breastbone or their upper lip. This will determine if the person overdosing is responsive or not.
2. If the person has been identified as non-responsive, call 911 immediately. If there are two staff present, one should call 911 and the other staff present can assess if the person is still breathing.
3. If identified that breathing has ceased, begin **rescue breathing**:
 - Lay person on the back tilting their head back with chin up.
 - Pinch the person’s nose and give two breaths to the individual.
 - After the initial two breaths, give one breath every 5 seconds.

If the person does not regain consciousness or start breathing better on their own, administer dose of Narcan:

1. Pull or pry off protective covering on the back of the plastic packaging
2. Tilt the head back and spray half of the Naloxone up one side of the nose (1cc) and half up to the other side of the nose (1cc)
3. If there is no breathing or breathing continues to be shallow, continue to perform rescue breathing for them while waiting for the Naloxone to take effect.

If there is no change in 3-5 minutes, administer another dose of Naloxone and continue to breathe for them. If the second dose of Naloxone does not revive them, something else is wrong, there are no opioids in their system, or the opioids are unusually strong and require more Naloxone (can happen with Fentanyl, for example) Continue rescue breathing until paramedics arrive.

When an Overdose Occurs:

Staff will, as soon as safely possible alert senior staff on duty and engage assistance either from other staff and **contact emergency services by calling 911.** Staff will then continue to follow the MACDADD process. All confirmed overdoses will be documented in keeping with Casa Esperanza, Inc.'s Critical Incident Policy. All Critical Incidents will be reported to the Department of Public Health as required, by the Program Director and with the support of the Executive Team.

Continuous Quality Improvement:

Casa Esperanza, Inc. will strive to continuously improve our response to Opioid Overdose through regular review of these and other relevant policies and procedures through our Health and Safety Committee.

Room Searches

Patients have the right to be free of intrusion. However, in some situations, room searches may be necessary to ensure patient and community safety. The decision to conduct a room search is made in consultation with a Crisis Lead as part of a response to a critical incident.

Examples of situations that may necessitate a room search are:

- Drugs or a weapon found in the house;
- Report of drugs or weapons in the house;
- Relapse or overdose in the house;
- Concern about fire safety issues;
- Concern about items that do not support patients' recovery or community safety (e.g., cellphones, which may threaten confidentiality of other patients and may enable unhealthy relationships or behaviors);
- Conflict in the house around accusations of stealing.

Casa Esperanza, Inc. staff clearly explain the reason for room searches, and patients have the right to be present for a room search. However, if the safety issue that necessitates a room search is urgent and the patient is away from the program, staff may conduct a room search without the patient's permission and presence. If this occurs, staff will have a private conversation with the patient to explain what occurred.

Casa Esperanza, Inc. staff do not do body checks or "pat downs." When doing a search, staff should never touch a patient. Patients may be asked to turn out their pockets or shake out their clothes. Engagement with patients around these issues should remain clinically driven and focused on unsafe or unhealthy behaviors. If staff believe that a patient has a weapon on their person, staff must not approach the patient, and must call 911 immediately.

The following items should not be in patient rooms and may be confiscated during a room search:

- All medications, including over-the-counter medications, with the exception of asthma inhalers, Narcan, Epi-pens, and prescribed lotions.
- Cigarettes or other tobacco products
- Any illegal drugs, marijuana, alcohol or paraphernalia for the use of drugs
- Knives, switchblades, or any other item that may constitute a threat to the life, health or safety of patients or staff
- Razor blades, nail clippers, cuticle removers, tweezers, or any other sharp objects
- Phones, radios or other electrical devices
- Food or Drinks
- Portable room heaters, such as space heaters, electric heaters, or heaters using kerosene, gas, or any other open-flame method are prohibited.
- Candles, matches, lighters or other items that pose a risk to fire safety
- Laundry detergent, bleach, or any other chemicals

Procedures

If a room search is decided on, the following procedures should be followed:

- Communicate to patient, prior to room and/or belongings search, the reason for the search and his/her right to be present during the search.

- If a search has had to be conducted in the patient's absence and without patient's prior knowledge, due to urgent safety concerns, staff must meet privately with the patient as soon as the patient returns, to explain what occurred.
- Allow patients the opportunity to have a private conversation with a staff person before the search about any items they would like to disclose to staff.
- There must be at least two staff conducting the search. No staff member should ever be alone in a client's room during a room search.
- Staff should never sit on patient beds during a room search.
- Staff must be respectful of patients' possessions, moving them carefully and replacing them immediately after search.

While staff may confiscate items that are not allowed in rooms/or in patient possession while in treatment, including cameras, phones, and other electronic devices, staff may not review the contents, except in the presence of the patient. Any confiscated items will be logged and placed with patient's other stored possessions so that they are not misplaced.

13. Grievances

Your opinions, recommendations and grievances are of central interest to us. We want to know about the way you feel you are being treated so that we can respond in a helpful way. Even under the best of circumstances, when working together disagreements might arise. It is our expectation, that you let your assigned Counselor/Clinician and/or case manager know if you have a concern about the services you are receiving. However, you may register complaints, opinions or recommendations regarding any aspects of the program with any staff member at any time. We encourage patients to try to resolve grievances with Program Directors first.

However, if there is a grievance that cannot be resolved at the program level, you have the right to file a formal grievance. The grievance procedure detailed below explains your rights. (If you do not understand this process, ask your counselor/case manager or another staff person for more information.) Grievance Forms should be available in the common areas of each facility. You may request a form from staff if there are no copies in common area.

The following procedure has been established:

STEP 1:

If you have a problem or disagreement that could not be resolved with program staff, you may submit a formal grievance to the Chief Clinical Officer (CCO) within 30 days of the grievance occurring. If possible, please submit the grievance in writing. The grievance may also be filed verbally in a face-to-face interview with a staff person who will document it, and you will be asked to review and approve it, and sign it only if it accurately represents your grievance. A copy of any grievance is submitted to Casa's Quality Assurance Team.

STEP 2:

The Chief Clinical Officer or another designated staff member will immediately assess for safety. If there is a situation that is potentially unsafe, we will take steps immediately to document and put a safety plan in place. We will share this safety plan with you.

STEP 3:

The Chief Clinical Officer will conduct a thorough assessment of what led up to the grievance. The Chief Clinical Officer may designate another staff person to take the lead in this process. The assessment will include meeting with you to review your statement, which may include additional questions to ensure we have a clear understanding of the problem, and meeting with any other people involved to obtain detailed statements from them.

STEP 4:

The Chief Clinical Officer will decide on steps to take to resolve the grievance. This may involve a conflict resolution meeting with you and the staff person, or it may involve other steps. The Chief Clinical Officer (or another staff person designated to take the lead) will explain the resolution plan clearly to you, verbally and in writing, including any resolution steps that are decided on in a conflict resolution meeting. Our goal is to develop and share this resolution plan with you within 2 weeks.

STEP 5:

You may appeal the grievance decision within 10 days and request a conference with the Chief Operating Officer. The appeal may be made in writing or verbally.

STEP 6:

The Chief Operating Officer will schedule a meeting with you within 10 days of receiving a written or verbal appeal to try to resolve the issue.

STEP 7:

Within 5 business days, the Chief Operating Officer will develop and share a resolution plan with you, verbally and in writing. If you are not satisfied by these efforts, and at any time, you may request an external review with BSAS or another external agency. We will help you in this process, including sharing information about the resolution plans we have offered.

All program participants have the right to file a grievance with the Bureau of Substance Abuse Services. The BSAS Confidential Complaint Phone Line is 617-624-5171. A written grievance may also be submitted via fax at 617-624-5599.

14. Parenting in the Program Agreement for Latinas y Niños

This agreement describes the expectations for parenting at the Latinas y Niños Center.

Supervision:

- Mothers are responsible for supervising their children at all times, indoors and outdoors, unless they are attending groups or workshops and their children are in childcare or with a staff approved baby-sitter. Mothers must be in the same room as their children and must respond to their children's needs and monitor their behavior.
- Children may never be given childcare responsibilities. No child may carry or hold children without adult supervision and children must be sitting down to hold a baby.
- Appropriate, encouraging and positive language is supported and encouraged. Yelling, swearing and insulting others is not acceptable.
- If a child's behavior causes problems for other patients, the Counselor/Clinician will discuss the issue with the mother and work to resolve it
- If a child is found unsupervised, the Recovery Specialist will follow MACCDADD procedures (Make safe, Assess, Consult/Communicate...) to ensure the child receives immediate supervision and inform the patient's Integrated Care Team so that the problem can be fully assessed and the appropriate next steps taken, e.g. Behavior Change Plan, report to DCF, and other possible actions.

Physical Care:

- Mothers will work with their Counselor/Clinicians to establish and follow developmentally appropriate weeknight and weekend bedtimes for their children. (All children should be in their rooms by 9:00 pm and in their beds no later than 9:30 pm.)
- Whenever possible, infants and toddlers (even for their daytime naps) should sleep in their rooms and not on the 1st floor, with mother using a baby monitor to supervise.
- Mothers must stay with their children until they fall asleep, then use a baby monitor to supervise.
- Mothers are not allowed to sleep with their infants or children for safety reasons. Children are also not allowed to sleep together in one bed.
- Only mothers may bathe their children. An older child may not bathe a younger sibling, nor is a babysitter allowed to bathe children under their care.
- Mothers must bathe or shower alone, separate from their child/children for the safety and security of the mother and the child/children.
- Only one child is allowed in the bathtub at a time. The mother is responsible for bathing each child individually. Children should be dried and dressed immediately after a bath.
- Only mothers and designated baby-sitters or childcare providers may diaper babies. Diapering by adult care takers must be done only in the child care area at the changing station. All dirty diapers must be disposed of daily. To ensure proper hygiene mothers and baby-sitters should always wash their hands before and after diapering babies. If the baby touches the diaper area or dirty diaper the baby's hands must also be washed.

Education and Play:

- All school age children must attend school on a regular basis as per state and federal law.
- Mothers are responsible for escorting children to and from school/daycare or designated school/daycare bus stops.

- Onsite childcare should take place in the children’s play room or the children’s television area on the mezzanine, or the outside play area. These areas are designed and equipped to be fun, educational, and safe, reflecting Latinas y Niños’ loving concern for the well-being of our children.
- Children must be supervised by mother or designated babysitter in the playroom, television area and the outdoor play area. The supervising adult is responsible for leaving these areas clean and orderly. Children should be engaged in the cleanup process whenever possible.
- Violent play, including the use of toy guns and wrestling is not permitted.
- Appropriate, encouraging and positive language is supported and encouraged. Yelling, swearing and insulting others is not acceptable.
- Running is not permitted in the residence for safety and security reasons.
- Doors must remain open when children are in the room.

Medical Needs:

- All children that are ill or sick should remain with their mother for appropriate care. Mothers may be excused from all group meetings when a child is unable to attend school or childcare due to illness, after the Counselor/Clinician and clinical supervisor have met with the mother to discuss a plan for the treatment and safety of the child/children.
- Mothers are expected to seek prompt assistance when their children show signs of illness or injury.
- Medication shall be administered by the child/children’s mother in accordance with Casa’s medication administration policy.
- Each child will be given a medication box in the medication room that is assigned to only them, separate from the mother. Each child’s medication (all medications) as well as their corresponding medication log, will be kept in their individual locked medication box, in the locked medication room.
- Medication will be handed to the mother by any Latinas y Niños staff, and the mother will administer the medication to the child/children while the child/children is/are in the house. Patients who are babysitting may not administer medications.
- Medication documentation is the same procedure as for patients, and will follow the same protocol regarding medication logs. The mother will initial/sign as the parent/guardian for each child.

Hygiene and Safety:

- Children’s hands must be washed before and after eating and after using the bathroom.
- Children may not open the refrigerator and no food is allowed out of the dining room.
- Children are not permitted in the basement at any time.
- Children may not answer the door or the telephone.
- Each electric socket has a child proof cover. Electric socket protectors should not be removed. Extra socket protectors will be kept in the Recovery Specialist office. Any patient who identifies an unprotected socket should notify staff immediately to ensure that the socket protector is replaced.
- All medicines, soaps, cleaner, bleaches, disinfectants, deodorizers, insecticides, glues, floor and furniture polish and wax must be locked in cabinets and storage areas to prevent access by children. Personal care items must also be placed out of children’s reach.

Patients must sign that they have read and understand these expectations. Copies of the signed agreement will be kept in patient record.

15.Visitor Guidelines

Policy

Casa Esperanza understands that family and friends play a huge part in our patients' recovery process. We strive to provide phone calls and offer visitation opportunities as much as possible while patients are in treatment. Family members can offer helpful insights about the history of the substance use problem and potential resources for aftercare. Casa also helps family members get education about addiction or co-occurring disorders, identify appropriate aftercare plans, and point families in the direction of essential supports and resources.

Your Role as a Support

One of the most important role for family and friends is to provide encouragement and support for progress made and help create an environment that supports long-term recovery. This can include things like offering to attend self-help meetings together and providing sober social opportunities and a substance-free living environment (if you are living with the individual). Another way to encourage progress towards recovery is to verbally acknowledge positive changes, and avoid accusations or rehashing the past.

COVID Procedures

All approved patient visitors must be fully vaccinated for COVID-19 and show proof of vaccination. Visitors may consent to a copy of their vaccination being kept in patient record for future reference or will be required to bring proof with them for each visit. All visitors are required to complete a COVID symptom screening (per Casa's COVID-19 Screening Policy & Procedure) upon entering the program, regardless of vaccination status.

Visitation Privileges

Visitation privileges are approved after a patient has successfully completed the first phase of the program, which allows them to stabilize and settle in. Visits with their children may be scheduled after 2 weeks in the program with the coordination and approval of the treatment team. All visitors must be over the age of 18 or accompanied by a guardian. Prior to any visits being approved at Casa Esperanza, adult visitors must meet with the patient's primary counselor and sign an agreement of confidentiality statement, review these Visitor Guidelines and our Good Neighbor Agreement. Abuse of the visitation privileges, by either visitors or patients, may result in the loss of visitation privileges.

Visit Schedule

Visits are allowed on Saturday and Sunday from 1 – 4pm, and approved holidays. Visits shall not exceed four (4) hours unless approved by treatment team. Approved holidays include Easter, Thanksgiving, Christmas, New Year Day and the patient's birthday. No adult visitors are permitted during the week unless an exception is made by treatment team. Visitors who arrive late must still leave at the original time of departure.

Visitor Dress

All Visitors are expected to be have appropriate tops, bottoms, and footwear that does not show or promote violent or discriminatory content. No sleeveless shirts, halter tops, tank tops, revealing or low cut tops. Undergarments should not be revealed through your clothes.

Safety and Security

Visitors must sign in and out with the staff on duty to ensure that their attendance is recorded.

Visitors cannot come and go during their visit; any visitors who leave will not be allowed to re-enter the building. Visitors are not allowed in bedrooms. All visits must occur in common living areas. During the summer time visits are allowed in the back yard with staff permission. Patients must stay in the visitation area to which they have been assigned. Leaving the visitation area for any reason will conclude the visit.

Rules of Conduct

There is no smoking anywhere in the program. Designated smoking areas are located outside of the facility for all visitors. Patients may not leave the facility to accompany a guest to the designated smoking area. Visitors are required to maintain the same standards of behavior as patients. Foul language, arguing, or other inappropriate behavior is not acceptable. Visitors who engage in behavior that creates an unsafe or hostile environment will be required to leave the program. **Any visitors appearing under the influence of any substance will be required to leave the premises immediately. Refusal to leave may result in police being called and future visit will be suspended.**

Confidentiality

Visitors and patients will respect the privacy of other patients' visits. No cell phones or cameras are permitted in the visiting area. If you plan to take a family photo, please inform the treatment team prior to the visit and coordinate with the shift supervisor to ensure other patients' safety and confidentiality. Casa staff cannot share information about any patients without their written consent. Please note, however, that you may share with clinicians any information that you think is important for the patient's treatment and recovery.

Outside Items

All packages, handbags, and backpacks brought into the building are subject to be searched. Please leave any unauthorized items at home. Visitors may not bring any contraband items onto Casa Esperanza premises. This includes drugs, alcohol or items containing alcohol, weapons. Patients may not give (or receive) mail through visitation. Mail for patients brought into the facility should be handed to the shift supervisor and will be provided to the patient by their assigned coordinator. Food and beverages may not be brought into the facility, unless pre-approved by the Program Director; this is for the safety of all patients, staff and visitors. Casa Esperanza is not responsible for any large packages delivered to the program and left unattended by delivery company.

If any questions arise please ask staff on duty to avoid any misunderstandings. We are here to help.

Patients and Visitors will be required to sign this document in acknowledgement that they have read and understood the expectations. A copy of this will be kept in patient record.

Addendum: Notice of Privacy Practices

Casa Esperanza, Inc.
Notice of Privacy Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Casa Esperanza, Inc. (Casa) keeps a record of your health information. This includes health information about you that is collected during the course of your treatment at Casa, and includes information that may be kept in paper or electronic form. Information such as your symptoms, test results, diagnoses, treatment, care plan, demographic, and payment information are examples of your health information that may be a part of your health record. We are legally required to keep this health information private. This Notice is being given to you because Casa is required by federal law to tell you ahead of time about:

- How Casa will handle your health information
- Casa's legal duties related to your health information
- Your rights with regard to your health information.

This Notice applies to Casa and the following individuals/organizations:

- Any provider who is a member of Casa's behavioral health or case management staff.
- All Casa workers, including employees, volunteers, and interns
- Any staff member authorized by Casa to enter information into your health record.
- Any health care provider that is part of Casa's integrated care clinic in partnership with Boston Health Care for the Homeless Program.
- Casa and BHCHP share medical information for treatment, payment, and health care operations purposes as described in this Notice.

A. USE AND DISCLOSURE OF HEALTH INFORMATION WITHOUT AUTHORIZATION

1. Treatment: Your Clinician, Treatment Coordinator, Case Manager, Recovery Support Staff, Nurse, and Psychiatrist involved in taking care of you at Casa may use your health information to provide you with treatment or related services. Different departments and your interdisciplinary care team—including, without limitation, medical, behavioral health, and care management staff—may share your health information for purposes of care coordination. This helps to make sure that everyone caring for you has the information they need. Casa believes that sharing your information is critical in order to provide you with the best health care and is necessary given the complexities of co-occurring substance use and mental health needs and various other health conditions.

2. Payment: Casa may use your protected health information to bill for services provided to you and to collect payment for our services. For instance, your insurance company or third party payor, such as Medicare or Medicaid, may request to see copies of your record to verify services which you received or to determine if you are eligible for benefits or if the services you received were medically needed.

3. Health care operations: Health Care Operations are the functions that all health care facilities and agencies perform to verify that the delivery of care to patients is being properly performed and that the facility or agency is functioning properly. Some of the information is shared with outside parties who perform these health care operations or other services on behalf of Casa (“business associates”). These business associates must also take steps to keep your health information private. Examples of activities that make up health care operations include:

- Monitoring the quality of care and making improvements where needed
- Making sure health care providers are qualified to do their jobs
- Reviewing medical records for completeness and accuracy or as required by law
- Meeting standards set by agencies who regulate Casa
- Supervising health professionals
- Using outside business services, such as auditing, legal or other consulting services
- Storing your health information on our computers
- Managing and analyzing health information

4. To contact you regarding your care: Casa may use your health information to contact you:

- At the contact information you give to us (including leaving messages at the telephone numbers): about scheduled or cancelled appointments, registration/insurance updates, billing or payment matters (if applicable), or test results
- With information about patient care issues, treatment choices, and follow up care instructions
- To discuss health related benefits or services that may be of interest to you.

5. In medical emergencies:

Information may be disclosed to medical personnel who need such information about a client in order to treat a condition that poses an **immediate threat** to the client’s health and that requires **immediate intervention**.

6. As required by law or legal authorities: BCasa is either permitted or required by law to disclose your health information to the following types of entities and for the following reasons, including but not limited to:

- **Public Health:** Casa may disclose your health information for public health activities, including to prevent, lessen or control disease, injury, disability, or other serious threats to your or the public’s health or safety; to report child abuse, or neglect, or as otherwise authorized by law; to report reactions to medicine or problems with products; to notify a person exposed to a contagious disease.
- **Victims of Abuse, Neglect or Domestic Violence:** Casa staff are permitted to disclose your health information to an appropriate agency(ies) authorized by law to make an initial report of abuse or neglect of a child, an elder or a person with a disability. Any additional information requested in relation to such a report needs a court order and subpoena as described above.
- **Health Oversight:** Casa may be required to disclose health information to oversight agencies for activities such as audits or inspections to oversee the health care system and/or government programs.
- **Legal Proceedings:** Casa may be required to disclose health information as part of a judicial or administrative proceeding, such as in response to a legal order or subpoena.

- **Law Enforcement:** Casa may be required to disclose health information if a patient has committed a crime or is threatening to commit a crime. Staff may only divulge: the client's status, name, address, and last known whereabouts.
- **Medical Examiners, Funeral Directors, and Organ Donation:** Casa may be required to disclose health information to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also disclose health information to a funeral director or their designee, as necessary to carry out their duties. Health information may also be disclosed to coordinate organ, eye or tissue donation at death.
- **Research:** Under certain circumstances, Casa may share health information about patients for research purposes; however, all individual identifying information is removed and we will request your consent to participate in any research and evaluation studies. If a researcher will have access to your name, address, or other information that reveals who you are, we will ask for your specific permission or get approval from an Internal Review Board.
- **Specialized Government Functions:** Under certain circumstances, Casa may be required to disclose health information to units of the U.S. government with special functions, such as the U.S. military or the U.S. Department of State.
- **Workers' Compensation:** Casa may use and disclose health information as required to comply with workers' compensation laws, and other programs that provide benefits for work-related injuries or illnesses.

Required By Law: Casa may be required to use or disclose your health information as required by federal, state or local law. This includes by means of a valid subpoena AND Court Order or Client Consent

- **All disclosures of client information must be recorded in the patient file.** Under HIPAA, clients have the right to obtain an accounting of certain disclosures made by a program during the preceding 6 years. To ensure Casa Esperanza, Inc. and its affiliates can meet this requirement, all disclosures of client information will be recorded.

B. USES OR DISCLOSURES THAT MAY BE LIMITED OR YOU MAY REQUEST NOT BE MADE

1. Emergency Situation

If you are in an emergency situation and not able to make your wishes known, we will use our best judgment to decide whether to share information. If it is thought to be in your best interest, we will only share information that others really need to know.

2. Disaster relief purposes: Including:

- To coordinate uses and disclosures to individuals involved in your care.
- To authorized public or private entities to assist in disaster relief efforts.

C. USE OR DISCLOSURES THAT REQUIRE YOUR WRITTEN PERMISSION

Using and/or disclosing your health information for most purposes other than those detailed above requires your written authorization. Under state and federal law, certain types of information in your medical record are considered to be highly sensitive and confidential. Releases of this sensitive information require you to provide a specific written authorization. Examples of sensitive medical information that requires an authorization include: HIV testing or test results, certain clinical therapy documentation, and behavioral health history and treatment (including both mental health and substance use).

Revocation of Your Written Authorization

If you provide written authorization for us to share your health information, you may revoke that authorization, in writing, at any time. Once revoked, we will no longer share your health information for the purpose(s) covered in the written authorization; however, we are unable to take back any information we have already shared prior to the time your authorization was revoked.

Sale of Protected Health Information and Marketing Efforts

Casa prohibits the sale of protected health information without your express written authorization. This means we will never sell or lease your health records without first obtaining your written authorization.

Casa's direct marketing efforts to community members may include patients. As a patient, you have the right to "opt out" of receiving Casa marketing materials. In order to opt out, please contact the Privacy Officer; see section G below.

D. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. Right to inspect and copy: You have the right to inspect and copy health and billing information that may be used to make decisions about your care. This does not include psychotherapy notes, or information compiled in anticipation of or for use in a civil, criminal or administrative action or proceeding.

To inspect and copy your health information, you must complete an Authorization for the Release and/or Discussion of Medical Records and submit it to Casa Esperanza, Inc. Administrative Office, 302 Eustis Street, Roxbury MA 02119. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, and supplies used.

Casa may deny your request to inspect and copy your record in certain, very limited, circumstances. Casa may ask that you receive this information in a meeting with your provider, so that you can ask questions and receive explanations while you review your record. You may request that we release copies of your record for inspection to you through another provider or you may request that we release copies of your health record to you through your attorney.

2. Right to request an amendment: If you feel that health information we have about you is inaccurate or incomplete, you have the right to request an amendment to your record. You have the right to request an amendment for as long as the information is kept by (or for) Casa.

Casa has the right to deny your request for amendment of your medical records if it is not in writing or if it does not include a reason to support your request. Casa may also deny your request if you ask us to amend the following types of information:

- Information that was not created by Casa, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for Casa;
- Is not part of the information which you would be permitted to inspect and copy; or,
- Is accurate and complete.

To request information about the steps to be taken if you wish us to amend your record or if you wish to submit an amendment, you must submit your request in writing to the Privacy Officer; see section G, below.

3. Right to an accounting of disclosures (shared information): You have the right to request an accounting of disclosures, which is a list of the health information about you which we have shared.

To request an accounting of disclosures (shared information), submit your request in writing to the Privacy Officer; see section G, below. Requests for an accounting of disclosures may be for a period of up to six years and requests may not include requests for information released (shared) before August 4, 2014. Your request should indicate if you prefer to receive the list on paper or electronically. The first list you request within a 12-month period will be free. For additional lists, we may charge you. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

4. Right to request restrictions: You have the right to request a restriction or limitation on the health information we share about you for treatment, payment, or health care operations. The right to request restrictions does not apply to or limit uses and disclosures required by law. You also have the right to request a limit on the health information we share about you to someone who is involved in your care or payment for your care, like a family member or friend.

To request restrictions, contact the Privacy Officer; see section G, below. In your request you must tell us 1.) what information you want to limit and 2.) to whom you want the limits to apply. We may use or disclose restricted information for emergency treatment or as defined in Section A and B above.

5. Right to request confidential communications: You have the right to request that we communicate with you about health information in a certain way or at a certain location. For example, you can ask that we only contact you by telephone or by email.

To request confidential communications, contact the Privacy Officer; see section G, below. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

6. Right to a paper copy of this notice: You have the right to obtain a paper copy of this Notice. You may obtain a copy of this Notice at our website (www.casaesperanza.org) or by other electronic means (e-mail). Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a paper copy of this Notice on admission, on your first in person visit after the effective date, or you may contact the Privacy Officer (see section G, below) for a copy of this Notice at any time.

7. Right to access PHI electronically: You have a right to obtain a copy of your protected health information in electronic format where it is maintained in an Electronic Health Record (“EHR”). This means you may request a PDF copy of your health information and we must provide you with one for the information that was stored in our EHR.

8. Right to complain: If you feel that your privacy rights have been violated, you may file a complaint with Casa by notifying the Director of Compliance by filing a Grievance in accordance with the Casa Grievance Procedure. If the complaint/grievance is about a violation of privacy, it will be forwarded to the Privacy Officer.

You may also file a complaint with the Secretary of the Department of Health and Human Services.

You will not be penalized for filing a complaint. Casa will not retaliate against you for filing a complaint.

E. CASA’S RESPONSIBILITY TO RETAIN MEDICAL RECORDS

Casa maintains outpatient health records for a period of up to 20 years from a patient’s last date of service. Residential health records are maintained for up to 7 years from a patient’s last date of service.

Patient access to health records will not change with this change in the law. Patients continue to have the right to inspect their health records upon request at any time during the period for which we are required to maintain medical records.

When the record retention time period has expired, Casa is required to notify the Department of Public Health, 30 days prior to the intended date of destruction, of our intention to destroy the records. Destruction of records is done by a vendor who has signed an agreement to transport and destroy the records in a manner which protects confidentiality at all times.

You may obtain a full copy of the Casa Esperanza, Inc. Records Retention and Destruction Policy by contacting the Privacy Officer; see section G, below.

F. CHANGES TO THIS NOTICE

We reserve the right to revise or change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you or any information we receive in the future. The effective date will be at the top of the first page.

G. CONTACT INFORMATION

If you have any questions about this Notice, please contact:

Casa Esperanza, Inc.
Attn. Privacy Officer

302 Eustis Street
Roxbury, MA 02119

PROGRAMS/LOCATIONS OF CARE AND COLLABORATIONS

A list of Casa programs/locations of care and collaborations includes the following:

1. 291 Eustis Street (Men's Residential Program)
2. 263 Eustis Street (Latinas y Niños Residential Program)
3. 245 Eustis Street (Familias Unidas Outpatient Services)
4. 365 East Street, Tewksbury MA (Conexiones CSS Program)
5. 302 Eustis Street (Admin. Offices)
6. Boston Health Care for the Homeless

Addendum: Family Resource Guide

About Casa Esperanza, Inc.

Casa Esperanza, Inc. is a bilingual and bicultural behavioral health center that specializes in serving the Latino community in Massachusetts. Our mission is to empower individuals and families to recover from addiction, trauma, mental illness and other chronic medical conditions, to overcome homelessness, and to achieve health and wellness through comprehensive, integrated care.

1. What is a Substance Use Disorder (SUD)?

A **substance use disorder** (SUD) is defined by the Diagnostic Statistical Manual of Mental Disorders (DSM V) as a **pattern of substance use in which an individual continues to use despite problems that result.**

Substance use disorders are caused by a combination of biological, genetic, and environmental factors, and are very common. Problems that arise from substance use are defined by these 11 criteria:

1. Taking the substance in larger amounts or for longer periods than you meant
2. Wanting to cut down or stop using the substance but not managing to do so
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing to do what you should at work, home or school, because of substance use
6. Continuing to use, even when it causes problems in relationships
7. Giving up important social, occupational or recreational activities because of substance use
8. Using substances again and again, even when it puts you in danger
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance
10. Needing more of the substance to get the effect you want (tolerance)
11. Development of withdrawal symptoms when you stop using the substance, which can be relieved by taking more of the substance

2. How do I know if I have or someone I know is misusing substances?

Addiction comes with many faces. Depending on the nature and degree of the substance use, there are a few major signs to look for:

- **Problems at school or work** — frequently missing school or work, a sudden disinterest in school activities or work, or a drop in grades or work performance
- **Physical health issues** — lack of energy and motivation, feeling under the weather, weight loss or gain, or red eyes
- **Neglected appearance** — lack of interest in clothing, grooming or looks
- **Changes in behavior** — exaggerated efforts to bar family members from entering his or her room or being secretive about where he or she goes with friends, possibly with prolonged absences; or drastic changes in behavior and in relationships with family and friends
- **Money issues** — sudden requests for money without a reasonable explanation; or your discovery that money is missing or has been stolen or that items have disappeared from your home, indicating maybe they're being sold to support drug use

Check out this more detailed article on **signs and symptoms of substance use** if you think you or someone you know may be using substances: <https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112>

3. What Treatment Services does Casa Esperanza Offer?

Many people are successful with stopping substance use on their own, or with the aid of self-help groups such as Alcoholics Anonymous or SMART Recovery. However, for some, through no fault of their own, professional treatment consisting of some combination of assessment, counseling, medication, skills-building, and supports is necessary. Treatment for substance use disorders occurs in a variety of settings, depending on the severity/frequency of use and the treatments that are required to assist an individual with stopping safely.

Residential Treatment:

Casa Esperanza has two Residential Treatment Programs, one for men and one for women, that focuses on the **unique cultural and social needs of the Latino community**. Our **Men's Residential program** promotes positive male roles as a nurturing parent, supportive partner and friend, and contributing community member. Casa's approach helps men heal from trauma and abuse; establish and maintain healthy relationships; grieve lost loved ones; develop critical thinking, conflict resolution, and health-management skills; exchange unhealthy behaviors for healthy behaviors; and secure essential resources including housing, health insurance and other benefits, education, and employment to sustain recovery and achieve independence. The program typically lasts 6-9 months, although all programming is tailored to the needs of each client and family.

Our residential **Latinas y Niños Center (LyNC)** focuses on single women, pregnant women, and women with children **up to 9 years of age who will turn 10 no less than 12 months after date of admission**. The Program promotes positive female roles as a nurturing parent, supportive partner and friend, and contributing community member. Casa's approach empowers women in early recovery to heal from trauma and abuse; reunify with their children; establish and maintain healthy relationships; grieve lost loved ones; develop critical thinking, conflict resolution, and health-management skills; exchange unhealthy behaviors for healthy behaviors; and secure essential resources, including housing, health insurance and other benefits, education, and employment to sustain recovery and achieve independence.

Casa Esperanza, Inc. focuses on serving individuals:

- struggling with alcohol or substance use, mental illness, and other chronic medical conditions
- without secure and stable housing
- living with HIV/AIDS
- re-entering from incarceration
- who are single, pregnant, and/or have children up to 9 years of age who will turn 10 no less than 12 months after date of admission (LyNC only)

All of Casa's services are provided in **both English and Spanish**, including:

- Substance use counseling
- Care coordination and case management
- Relapse prevention, anger management, life skills and other psycho education and therapeutic groups
- Family education, reunification, and case management
- Parenting education
- Supervised visitation
- HIV education, counseling, and case management
- Tobacco cessation education and counseling

- Recreational, wellness and stress management programming, including meditation, yoga, nutrition, running/walking groups, and sober social activities
- Linkages to domestic violence, medical, legal, employment and educational services

If you are looking for **residential inpatient treatment**, call Casa's main number, 617.445.1123, and dial ext. 100 to inquire about admission to our **Men's Residential Program**. For information or admission to our **Latinas y Niños Center** (women's residential treatment) please call Casa's main number, 617.445.1123 ext. 200; you can also email MensProgramIntake@casaesperanza.org or LatinasIntake@casaesperanza.org, respectively.

Outpatient Treatment:

Casa Esperanza's **Familias Unidas Outpatient Program** is a licensed, CARF-accredited mental health clinic that provides culturally competent, integrated substance use, mental health, and primary care services, including Greater Boston's only **Spanish-language Structured Outpatient Addictions Program (SOAP)**. Our outpatient clinic provides:

- Comprehensive Assessments
- Psychiatric Services, including Medication Evaluation and Management
- Medication-Assisted Treatment (MAT), including: Suboxone, Vivitrol, Naltrexone
- Primary Care Services
- HIV/HCV/STI Counseling and Testing
- Recovery Support Services, including Case Management, Peer Recovery Coaching
- Individual, Family, and Group Psychotherapy

About our Structured Outpatient Addictions Program (SOAP):

SOAP is a day treatment program designed to address the needs of individuals with co-occurring substance use and mental health disorders. SOAP is for clients in early recovery who are at high risk for relapse and/or overdose and require a more intensive level of care than outpatient services or a step-down from inpatient services. The group is offered in both English and Spanish. Led by our multidisciplinary team, the program is 3.5 hours per day, 5 days per week and includes:

- Individual, family and group psychotherapy and psycho-education
- Toxicology screening when clinically indicated
- Recovery support services, including intensive case management, care coordination and service linkage, and access to peer recovery supports
- Discharge, transition and aftercare planning and supports

For more information or to schedule an evaluation/appointment at Casa Esperanza's **Familias Unidas Outpatient Clinic**, please call the outpatient clinic number at **617.445.1123 ext. 300** or email FamiliasUnidasOutpatientIntake@casaesperanza.org. **Walk-in services** are also available Mon-Fri from 9:00am-12:00pm at 245 Eustis Street, Roxbury, MA 02119.

Clinical Stabilization Services (CSS):

Casa Esperanza's **Conexiones** program is **Massachusetts' first bilingual/bicultural clinical stabilization services** program. Conexiones CSS offers a 14-day bedded program committed to empowering individuals to **transition successfully to services that will continue to support their recovery** from addiction, as well as trauma, mental illness and other chronic medical conditions.

Conexiones accepts referrals from a variety of settings, including detoxification, outpatient, and residential programs, the criminal justice system, and self-referrals. In the first week, clients will complete an assessment

reflecting what he/she believes is important to accomplish in treatment. We provide nursing seven days per week to support clients in stabilizing their treatment. Other services provided at Conexiones include:

- Nursing Care 7 days per week
- Individual Counseling
- Therapeutic Groups
- Psycho-Educational Groups
- Individualized Case Management
- Aftercare Planning
- Health Education

For more information and admission, please call Casa Esperanza's **Conexiones CSS Program** at **857.293.2893** or email CSSintake@casaesperanza.org.

BELOW IS A LIST OF OTHER SUPPORTS FOR PEOPLE WITH SUBSTANCE USE PROBLEMS:

Detox

If you or someone you know is struggling from a substance use disorder and is unable to stop on their own, short-term [medical detox](#), which means detoxing under the care of medical personnel, is the best place to start. Detoxing alone can be extremely dangerous, particularly if you are addicted to [depressants](#) such as [alcohol](#) and [benzos](#) or [opioids](#) like [heroin](#) and [oxycodone](#). Check out these local detox resources: <https://www.detox.net/clinics/detox/massachusetts/>

Halfway House

Halfway houses can be helpful in providing longer-term rehabilitation in the community for those who cannot afford private pay residential treatments. A halfway house has an active treatment program throughout the day, where the residents receive intensive individual and group counseling for their substance abuse while they establish a sober support network, secure new employment, and find new housing. Check out these local halfway house resources: <https://www.halfwayhouses.us/state/massachusetts>

Sober Homes

Sober homes are group sober environments where people live together substance-free, pay a weekly rental fee, and create their own day structure. There is some monitoring and supervision, usually consisting of at least once weekly urine toxicology screens. Residents often attend self-help meetings together and have one community meeting per week. Check out these resources for sober homes: <https://mashsoberhousing.org/certified-residences/>

Self-Help Groups

Self-help groups such as can be very helpful for people in recovery. In fact, many people recover from substance use problems without professional treatment, using just self-help. These groups hold meetings worldwide, are easily accessible in most communities, and are free and anonymous. People attend self-help groups to meet and get support from others, like a sponsor, who are in recovery. Addiction professionals encourage the use of self-help, as research shows that people who actively participate in these groups do better with their recovery. Below are some links to **self-help webpages and meeting information**:

- Alcoholics Anonymous: www.aa.org
- Narcotics Anonymous: www.na.org
- SMART Recovery: www.smartrecovery.org
- Depression and Bipolar Support Alliance: www.dbsalliance.org
- Marijuana Anonymous: www.marijuana-anonymous.org

- Cocaine Anonymous: <https://ca.org/>
- MindWise Innovations: www.mindwise.org
- Northeast Recovery Learning Center: www.nilp.org
- Samaritans of Merrimack Valley: www.stop-suicide.org and www.fsmv.org
- The Pheonix: www.thepheonix.org

4. How Effective Is Treatment? What is the Prognosis?

The prognosis for recovery from substance use disorders is varied, depending on the substance used, duration of use, the presence or absence of co-occurring psychiatric disorder(s), level of motivation and social/family support, and many other biological and socio-cultural factors. Some people recover completely, others experience periods where they remain sober, but then relapse, and others have a hard time sustaining any sobriety.

The good news is that many people do achieve long-term sobriety, and learn to live with their substance use disorders and manage them. Like other chronic medical and psychiatric illnesses, the key is staying engaged in treatment, following treatment recommendations, getting help quickly when things are not going well, and maintaining social supports.

5. As a Family Member or Friend of an Addict, What Can I Do to Help?

Family and friends play a huge part in the recovery process for people with addiction problems. One of the most important steps you can take is to **educate yourself about addiction**. Another important role for family and friends is **providing encouragement and support** for any progress made towards getting help. This can include things like offering to attend self-help meetings together and providing **sober social opportunities and a substance-free living environment** (if you are living with the individual). Another way to encourage progress towards recovery is to verbally acknowledge positive changes, and avoid accusations or rehashing the past.

6. What Supports Are Available for Family Members and Friends of People with Substance Use Problems?

Having a family member or friend who is struggling with substance use problems can be very distressing and sometimes devastating. It is important that family members and friends get help, whether through an individual counselor, self-help or therapy group. Listed below are free and anonymous support groups for family and friends of people with addiction problems, as well as educational reading material to become familiarized with signs and symptoms of substance use.

- **Alanon:** <https://al-anon.org/>
- **Alateen:** <http://www.al-anon.alateen.org>
- **Naranon:** www.nar-anon.org
- **SMART Recovery Family & Friends Program:** <http://www.smartrecovery.org/resources/family.htm>
- **Learn to Cope (for opiate use disorders only):** www.learn2cope.org
- **Adult Children of Alcoholics World Service Organization:** <https://adultchildren.org/>
- **AdCare:** www.adcare.com
- **COASA: Children of Alcoholism and Substance Abuse:** www.rfkchildren.org
- **The Recovery Connection:** <http://therecoveryconnection.org/aboutus.htm>
- **UTEC:** www.utec-lowell.org
- **Compartiendo Esperanza:** <https://www.nami.org/Get-Involved/What-Can-I-Do-/Become-a-Leader-in-the-Mental-Health-Movement/Compartiendo-Esperanza-Speaking-with-Latinos-about>
- **NAMI Mass Basics and Family Support Groups:** <https://namimass.org/nami-family-support-groups/> and <https://www.nami.org/Find-Support/NAMI-Programs/NAMI-Basics>

- **SOAR (Supporting Our Addicts Recovery):** <https://www.facebook.com/SOAR-Natick-1052788631398144/>
- **AA Central Service Committee of Eastern MA:** <https://aaboston.org/>
- **Spanish Speaking AA Meetings of Eastern MA:** <https://aaboston.org/wp-content/uploads/2018/09/spanish-meetings.pdf>
- **Gosnold Reaching Out Family Meeting:** <https://gosnold.org/for-families/>
- **Institute for Health & Recovery (IHR):** <https://healthrecovery.org>
- **Families Anonymous:** <https://www.familiesanonymous.org/>
- **NIDA Family Resources:** <https://www.drugabuse.gov/patients-families>
- **What is Substance Abuse Treatment?** <https://store.samhsa.gov/product/What-Is-Substance-Abuse-Treatment-A-Booklet-for-Families/SMA14-4126>
- **NACoA Voice for the Children:** <https://nacoa.org/>
- **MassTAPP:** <http://masstapp.edc.org/resource-library>
- **Family Therapy Can Help:** <https://store.samhsa.gov/product/Family-Therapy-Can-Help-For-People-in-Recovery-From-Mental-Illness-or-Addiction/sma15-4784>
- **Caron Parent & Family Support Groups:** <https://www.caron.org/support-after-treatment/support-groups/caron-parent-and-family>
- **Cambridge Health Alliance Community Resources:** <https://www.challiance.org/community/community-education>
- **BMC Grayken Center for Addiction:** www.bmc.org/addiction
- **Advocates.org:** <https://advocates.org/services/family-caregiver-services>
- **Massachusetts Substance Use Helpline:** <https://HelplineMA.org>
- **Allston-Brighton Substance Abuse Task Force:** <https://abdrugfree.org>
- **Revere Cares:** <http://reverecares.org/>

1. How will family members be involved in treatment at Casa Esperanza and aftercare planning?

Clients who are 18 years old or older are legal adults with legal privacy rights. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) prohibits clinical staff from sharing treatment information without a client's written consent. All health providers must obtain formal permission to share information (including diagnosis, treatment and prognosis) with you, or anyone else, even if you are a spouse, a parent or a guardian of a client. A client provides permission by signing a release of information (ROI) form. If the client has not signed a release for the clinical staff to give you information, they cannot share this information. Please note, however, that you may share with clinicians any information that you think is important for the client's treatment and recovery.

Within Casa Esperanza's addiction recovery resources, a multidisciplinary team provides phone contact and offer visitation opportunities while clients are in treatment. Family contact is crucial to treatment for the client, as family members can offer helpful insights about the history of the substance use problem and potential resources for aftercare - and for family members, engagement can provide education about addiction or co-occurring disorders, identify appropriate aftercare plans, and point families in the direction of essential supports and resources.

8. What do I need to know about insurance and addiction treatment?

If you are a client or family member at Casa Esperanza, your treatment team will work with you and the insurance company to obtain coverage for the recommended treatment.

9. Who do I call for admission to a Casa Esperanza program?

To schedule an evaluation at Casa Esperanza's **Familias Unidas Outpatient Program** or if you are uncertain about what treatment makes sense at this time, please call the outpatient clinic number at **617.445.1123 ext. 300** or email FamiliasUnidasOutpatientIntake@casaesperanza.org.

If you are looking for residential treatment, call **617.445.1123 ext. 100** to inquire about admission to our **Men's Residential Program**. You can also email MensProgramIntake@casaesperanza.org.
For admission to our **Latinas y Niños Center** (women's residential program) please call **617.445.1123 ext. 200**; you can also email LatinasIntake@casaesperanza.org.

If you are seeking **Clinical Stabilization Services**, please call Casa Esperanza's **Conexiones CSS Program** at **857.293.2893** or email CSSintake@casaesperanza.org.

10. What are some other resources and websites where I can get information about addiction and addiction recovery?

For information on the addictive qualities of drugs use, visit <http://www.drugabuse.gov/drugs-abuse> and <http://www.drugfree.org/drug-guide>

For facts about alcohol use, visit <http://www.niaaa.nih.gov/publications/brochures-and-fact-sheets> and <http://www.connectoresearch.org/publications/69>

To find substance use and mental health treatment nationwide, visit <http://www.samhsa.gov/treatment/index.aspx>; and for Massachusetts, visit <http://db.state.ma.us/dph/bsas/search.asp>

For information about addiction, visit http://www.hbo.com/addiction/understanding_addiction; <http://www.helpguide.org/topics/addiction.htm>; and <http://www.recoveryanswers.org>

For a guide to helping your child with substance use problems, visit http://www.drugfree.org/wpcontent/uploads/2012/04/treatment_guide-2014.pdf

For information on how people become addicted to drugs, go to <http://www.drugabuse.gov/publications/drugfacts/understanding-drug-abuse-addiction>

For facts about protracted withdrawal, go to http://162.99.3.213/products/manuals/advisory/pdfs/SATA_Protracted_Withdrawal.pdf

For information on how to prevent and avoid opioid overdose, go to <http://www.mass.gov/eohhs/docs/dph/substance-abuse/naloxone-info.pdf>

For information on how to file a Section 35 (involuntary hospitalization), go to <http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/addictions/drugs-andalcohol/section-35-faq.html>

Addendum: Covid

PATIENT ACKNOWLEDGMENT FORM

The Patient Manual describes important information about Casa Esperanza Residential Treatment Programs. I understand that I should speak with my Counselor/Clinician regarding any questions not answered in the manual.

Since the information described in the manual may change, I acknowledge that revisions to the manual may occur. All such changes will be made in written format and distributed to all patients, and I understand that revised information may supersede, modify, or eliminate existing policies.

I have received the manual, and I understand that it is my responsibility to read and comply with the policies contained in this manual and any revisions made to it.

I understand that Casa Esperanza may charge \$2.00 for the cost of copying and assembling the policy manual for an interested party or for a second copy to a patient.

Name of Patient (print): _____

Signature of Patient: _____ Date: _____